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## EDITORIAL COMMENT

### AMATEUR WAR NURSING

Ever since the war broke out in Europe, we have been hearing in various ways criticisms of the kind of amateur nursing being given to soldiers especially in the English army. Miss Burr's article on another page, prepared especially for this JOURNAL, gives in detail the outline of the special courses being given by the English Red Cross, with government approval, to lay women and men for war service.

England has probably a greater number of trained nurses than any other country. She is better prepared today to give the highest order of nursing care to her soldiers than ever before, and nurses of the highest efficiency are waiting in idleness for the opportunity to serve. One would think it would be a matter of pride with the English people, and especially the English government, to show the world the kind of service it can render as a result of the development of its hospitals and training schools since the days of Florence Nightingale and the Crimea.

Our readers will judge of the defects of English Red Cross methods for themselves from Miss Burr's article, and they will also see in the Foreign Department comment on the situation by Miss Broderick, a prominent English nurse, personally known to many in this country.

This giving recognition to untrained nurses, not only in England but in other countries in Europe, is attracting attention outside of the nursing profession. Joseph Edgar Chamberlain, writing in the *New York Evening Mail* of recent date, and commenting on the situation, says:

In another respect than the essential barbarity of some of its military methods, the present war is likely to turn the wheels of progress backward. It has already seen a considerable retrogression in nursing methods, through the intrusion of many untrained and unfit women into the camps and hospitals; and

unless the tendency is checked the immense gain in camp nursing which was effected by Florence Nightingale in the Crimean war may be entirely lost to the world.

On account of this situation, we want to make a special appeal to the whole nursing body in our own country for the developing of our organization life, for the promoting of state registration, which gives to the nurses of America a legal status and for the strengthening of our relationship with the American Red Cross, that in case of war involving our own country there may be no question as to the kind of nursing service that shall be given the fathers, brothers, husbands and sons of our own people. Nothing will tend to a better education of our nurses than that state nurses' associations should avail themselves of the privilege which is theirs of regularly sending delegates to the annual meeting of the Red Cross in Washington. These meetings are interesting and instructive; no live woman can go back from one of them to her own community without a clearer understanding of Red Cross work. The privilege of representing her state as a delegate at these meetings should not be held too long by the same person as if a greater number share the inspiration of the meetings, the greater will be the impetus to the work in their home state.

With the lesson of this amateur nursing condition in the warring countries before us, efforts should be constantly expended to prevent the possibility of such a situation ever arising in our own country and at no time, no matter how peaceful the outlook, must we relax the vigilance that will make the development of such conditions possible. The hopelessness of the situation in England, from our viewpoint, is the lack of unity among nurses themselves, there being no strong central organization in which all the nurses of the country are united for the public welfare.

#### THE JANUARY MEETINGS

The committee and board meetings of the national organizations which are held in New York City in January have become almost as interesting and instructive to the members as the annual meetings, themselves. Officers and committee members come together for nearly a week and from three to five meetings are held in a day, several being in session at one time, or all uniting in general conference. At this time matters of business can be worked out in detail, to be presented to the whole organization later. The smaller groups make it possible to have more intimate discussions of a subject and more time can be taken for consideration.

Of the American Nurses' Association directors, all but one were present, Miss Krueger being on Red Cross duty in Servia. There

was a good representation of Public Health nurses, but the League had not a quorum and could not transact any of its important business, though many matters could be talked over and decided upon informally.

Probably the most important decision was that of the change of date for the convention, from early June to a date three weeks later, June 20-26, to which we made allusion last month. Another important conclusion was that all International Council features would be abandoned and that the money pledged for the expenses of the International Congress need not be paid. The associations and individuals who have already contributed to this fund will have their gifts returned, while the comparatively small amount expended thus far in committee work will be made up from the treasuries of the three national associations.

We should like to suggest that if any of the associations who have made these pledges find themselves embarrassed by having this amount of money on hand or returned to them, it would be an opportune time to make contributions to both the Robb Memorial and the Relief Funds.

#### CENTRAL HEADQUARTERS

One of the most interesting discussions was in regard to central headquarters. The advantages and disadvantages of a number of cities were brought forward and there were discussions as to whether these offices should be in a large dominating nursing centre or in one of the smaller cities, where the local influences would not be so compelling; whether geographical divisions or educational advantages are of the greatest importance; whether the headquarters of the various nursing periodicals should be combined with those of the three national associations, etc. It was decided to ask for a general discussion of the subject in the JOURNAL. The chairman of the committee will prepare a statement which will be published in our pages later, setting forth the advantages and disadvantages of various localities, as they have been presented to her committee, but as the time is short before the San Francisco meetings, it is very desirable that local groups should be giving this subject consideration and that their preferences should be discussed in our letter department, so that as much light as possible may be thrown on the subject.

#### THE ROBB MEMORIAL COMMITTEE

The Robb Memorial Committee had a sufficient number of members present to transact business and made it its first duty to record its appreciation of Miss McIsaac's work for the Fund, both as a member

of the Committee and its chairman, work which lay very near her heart and which she carried to the time of her death. Miss Nutting was appointed chairman of the Committee and Miss Noyes was chosen to fill the vacancy in its membership. Miss Nevins tendered her resignation as secretary and Miss DeWitt was asked to serve in that capacity. Miss Maxwell was made chairman of the Sub-committee on Scholarships, Miss Nutting remaining as a member. The Robb Fund is now within sight of completion, a few years' vigorous efforts will bring it to the sum desired. It is hoped that all associations that have made pledges for sustaining membership will redeem them annually and that new associations may feel it a privilege to help increase the amount.

Both the Robb Fund and the Relief Fund are to be incorporated.

#### THE JOURNAL BOARD

The JOURNAL Board retains six of its old members and has one new one, Miss Sly of Michigan, who has been once before a member of this board and its secretary. The officers of last year remain the same: President, Miss Noyes; secretary, Miss Ahrens; treasurer, Miss Riddle.

#### JOINT COMMITTEE MEETINGS

The joint meetings of the three executive boards were concerned chiefly with arrangements for the convention, but two important resolutions were adopted for the associations represented. The first was addressed to the Secretary of Commerce and Labor at Washington, asking that the classification of nurses by the Federal Government be changed and that nurses be included with professional, not laboring, people. Subsequent correspondence with Secretary Redfield shows that the Federal Government does class nurses as professional workers, so far as the census is concerned, it is the Immigration Bureau which classes them as laborers and applies to them the laws governing contract labor. Our readers will recall our recent comments on this subject. The matter is still under advisement, so we cannot give the outcome.

The second resolution was addressed to the National Council of Nurses in England and expressed sympathetic appreciation with its attitude toward the employment of amateur and untrained nurses during the present war.

#### THE OFFICIAL TRAINS

We regret to learn that the advertisement of the "World's Fair Company," which has appeared in our advertising pages has caused



some confusion in the minds of members planning for the California trip. The official trains of our national associations have not been abandoned, the itineraries have been rearranged to meet the change of date, and one more has been added, outlined by Miss Whitaker, a member of the Transportation Committee, for the benefit of nurses starting from Philadelphia, Baltimore, Washington and Harrisburg. In this issue we give again, in our official pages, the Panama-Pacific Tour and the Direct Tour, both under the auspices of the American Nurses' Association, the principal features of which are as follows:

#### THE PANAMA-PACIFIC INTERNATIONAL EXPOSITION TOUR

*Points of Starting:* Wednesday, June 9, New York, 12 noon; Philadelphia, 12.30 noon; Washington, 9 a.m.; Baltimore, 9.50 a.m.; Buffalo, 11.40 p.m.; Boston, 11.30 a.m. Thursday, June 10, Detroit, 7.45 a.m.; Chicago, 10.30 p.m. Friday, June 11, Kansas City, 10.45 a.m.

*Sightseeing Features, Outgoing Trip:* June 10, automobile ride about Chicago; June 13, a day at the Grand Cañon; June 14, seven hours at Riverside, California, drive to Mt. Rubidoux and dinner at the Mission Inn; June 15, a full day at Los Angeles and Pasadena; June 16, a day at the San Diego Exposition; June 17, a second day at Los Angeles; June 18 and 19, Yosemite Valley. Reach San Francisco June 20, 8.20 a.m.

*Return trip:* June 27, Leave San Francisco 9 p.m.; June 29, day in Salt Lake City; June 30, daylight ride through Colorado mountain scenery, arriving at Colorado Springs, 5 p.m.; July 1, drive through Garden of the Gods, leave Colorado Springs 11 a.m., reach Denver 1.30 p.m., sightseeing tour of the city, leave Denver 9 p.m.; July 3, 8 a.m., reach Chicago; July 4, day at Niagara Falls; July 5, 8 a.m., reach New York.

#### DIRECT TRIP TO SAN FRANCISCO

June 14, leave New York at noon; June 15 reach Chicago 3 p.m., leave Chicago 10 p.m.; June 17, short stop at Colorado Springs; June 18, short stop at Salt Lake City; June 19, reach San Francisco 8.50 p.m.

#### A NEW ORGANIZATION

A new organization of nurses seems to be coming into existence in New York City, said to have been incorporated under the laws of New York, to secure legislation, to control a registry for nurses with "side lines," to establish means for social and intellectual inter-

course and to encourage philanthropy among nurses. A meeting was held in New York recently under the leadership of men and women who gave evidence of being hard-working people, but of a type little known to the members of our older nursing organizations. They seemed to believe that they had discovered the cause of many difficulties in the nursing field and to be under the impression that it will be a simple matter, through legislation, to cure all of the present ills of nurses everywhere. One naturally inferred that the nurses in this group were not affiliated with any of the older organizations of nurses, either national, state, county or city, and that they were either ineligible for such membership or lacked the knowledge of the existence of such organizations. They were not lacking in enthusiasm or aggressiveness, however. Their object in meeting was to complete their organization and to formulate plans for securing legislation.

The invitation to this meeting was general and it was attended by twenty or more members of the committees meeting in New York during that week, from different parts of the country. To these members it was most astonishing that nurses living in New York City could be so ignorant of what has already been accomplished in the nursing world along the lines of organization and legislation. Among the underlying motives of the new organization is opposition to the ideals and standards of the advanced group in nursing education. It is an interesting fact that the meeting seemed to be under the domination of a member of the legislature and a physician rather than of those claiming to be nurses.

Since this meeting we have received a copy of a letter which is evidently being sent broadcast over the country, asking for lists of names and addresses of nurses and in which the object of the association is stated as:

To advance the profession of nursing. Up to date we are not protected by any law. There is no law or union in the state that governs the rights or salary and hours of a Graduate nurse. This we are making a hard strive for and by working in union we hope to succeed.

It will be seen from this quotation that the object of this organization is commercial and not educational and is in direct contradiction to those for which our profession stands. We must repeat here what we have said many times in these pages, that as we advance in the improvement of the training school and in the establishment of higher standards of education under state supervision, in just that proportion may we expect opposition from the strictly commercial element in nursing. While we have had in every state local opposition to the

passage of registration laws and to the efforts nurses have made for the advancement of nursing ideals, we have not known before of an effort made by women who claim to be nurses to establish a national organization opposed to the higher interests of nursing.

#### THE PASSING OF A MAGAZINE

One always feels regret in witnessing the conclusion of an enterprise on which much hard work and effort have been expended. The editor of the *International Hospital Record* announces that with the February issue the *Record* will be discontinued, having been absorbed by The Modern Hospital Publishing Company.

For a number of years the *Hospital Record* represented the interests of the American Hospital Association, whose development in its early years was undoubtedly greatly influenced by this magazine. Since the adoption by the Association of *The Modern Hospital* as its official organ, the *Record's* field of usefulness has been greatly diminished and it seems fitting that the two magazines should be merged. Mr. Sutton, editor of the *Record*, has made a specialty of printing hospital charts and records and this portion of his work he will continue and enlarge, an undertaking in which we wish him success.

#### GOOD REPORTS FROM NURSES IN SERBIA

Because of the difficulty in getting into direct communication with the nurses serving under the Red Cross in Serbia, many must have been anxious for their welfare. As we close our pages, a communication from the Red Cross, too long to be quoted in full, gives the latest tidings from Dr. Edward W. Ryan, surgeon director of the first hospital unit sent there in which, after telling of the great numbers of patients who need care, he says:

Everybody in our unit has been working hard, especially the nurses. I have arranged, on my own initiative, for better and more food for the nurses, and now that I have seen what this terrible struggle means, I will be sure that they will not be overworked and, as heretofore, their health will be my principal concern. I have ordered them to take an afternoon off each week, and one hour after lunch they must be out in the fresh air and sunshine. This is absolutely necessary, as the odors from the terrible infections these poor fellows have are enough to knock you down. Nearly everybody is infected when they reach us, so you can imagine what a terrible thing it is. I hope you will approve of my action regarding the nurses, and I know you will understand the conditions, even though I cannot paint the terrible picture that presents itself to us at Belgrade.



OUR FLIGHT FROM ANTWERP



IRENE K. SUMNER

## THROUGH THE BOMBARDMENT AT ANTWERP

By IRENE KING SUMNER

New York, N. Y.

I had just come back to New York after a stay of several months in China when the war began. We used to go every evening to Times Square to see the telegrams come out, and when at last England joined in the conflict I could stand it no longer and determined, at the risk of not being wanted when I got there, to take the next boat for England and at least offer my services.

I presented myself at the office of the Order of St. John and asked to have my name put down. Then I busied myself getting a health certificate and the most practicable uniform possible, so as to be ready in case I were called upon. At the end of five days I was told to be ready for foreign service in twenty-four hours, and that night I learned that Antwerp was to be my destination. I was sent out with eight other nurses to work under the Belgian Red Cross. I was thrilled to think that I was to help the Belgians. The courage and pluck of this valiant little country in stemming the tide of war make one's heart throb in pride and gratitude.

Arriving at Antwerp we were cordially received by the Belgian Red Cross ladies. Some of us were set to work immediately. Others had to wait until their hospitals had been arranged. As a rule one or two English nurses were put to superintend the nursing in hospitals that were under the charge of Belgian doctors and staffed by the Belgian Red Cross ladies, all, of course, untrained, though some had taken a hasty course in first aid and bandaging. It was not quite the easiest way to work, but we tried to remember that we had been sent out to help and not to make difficulties. With patience we got most of our worries set right. *C'est à la guerre comme à la guerre.*

The first hospital I was sent to was a private house where the wonderful reception rooms had been turned into wards. It was in a park outside the gates of Antwerp and although it was the beginning of the war, that is the end of August and the beginning of September, it was already difficult to get in and out of town, passports, *laissez aller* with photographs, etc., being necessary. We had begun to receive the wounded and everything was working well when the difficulty of getting a regular supply of food became serious, and to our great regret and the regret of the soldiers who loved having the beautiful grounds

to walk and lie in, the military authorities thought it better to remove the men to safer quarters inside the town. While we were there we had the alarming experience of having bombs thrown on us from a Zeppelin.

One night, at 3 a.m., we were awakened by a terrific explosion. The house shook like jelly. My windows came in with a crash as did the windows in the passage. The cannon were firing quite close to us, the cannon from our own forts. We had no idea what had happened but turned out all the lights at once and went to take the men down into the cellar. They all slept on the ground floor except one old major who was in the room next to mine. I found him sitting on the stairs. He took my arm and together we groped our way down the dark staircase. Bang! Bang! Bang! In perfect order all the men were marshalled down the stairs to the kitchen, which looked out on the moat and was practically underground. Here we could have lights. We sat round the long tables in the tiled kitchen, the soldiers looking funnily like apostles in their long night shirts and the blankets which they had hastily thrown around their shoulders. Everybody said, "What has happened?" We had heard the distant firing at Termonde and some of the outer forts for several days but did not think it likely that the Germans could have come so near without our being warned. The master of the house went out to investigate and came back with the news that several bombs had been dropped by a Zeppelin, that one had fallen quite close to the house and others in a field near by. The cannons had fired shrapnel at it hoping to bring it down. We could not tell from which we suffered the more, the bombs or the shrapnel. The concussions broke nearly every window in the house. We were all well scared but nobody lost their head and, happily, no one was hurt.

After the dissolution of this hospital I was sent to another inside the town. We had a large new warehouse given to us to use. It was light and airy but absolutely empty. The Belgian Croix Rouge provided us with rough trestle beds and straw mattresses with the necessary linen. We were told to arrange the beds, mark the sheets and prepare to receive the wounded in three or four days.

There was one other nurse besides myself, the rest were Red Cross ladies. We were busily at work, having just got into the hospital that morning, when at 5 p.m. there came a telephone message that we were to expect twenty wounded. With thankfulness I saw that the beds in one salle were made up, but the gas that had been ordered put in was not yet connected and nothing but the dirty brown water of the Scheldt was to be had in the house. We found that clear water was to be obtained further down the street and we organized a service



to bring us a good supply. I begged every one to go on making beds, as one could never tell what would happen. At 6 p.m. the ambulances arrived with not 20, as we had expected, but 170 wounded, straight from the battlefield. It was a pitiful sight to see those poor fellows, their faces pale with exhaustion, their uniforms stiff with blood and mud, but their spirits uncrushed. The first words generally were, "Patch me up quickly, *ma soeur*, I want to have a go at them again." All but three of that lot were wounded, many of them very seriously. The stretcher cases were put at once on their beds and all were examined to see if they could be left for a short time, and if the Red Cross ladies would be able to undress them. Not the least of the difficulties of these improvised hospitals was the task of setting untrained people at work. They were all most willing, but many were quite young girls who had never washed any one before, much less a wounded man, and, let me say, some thought it was quite unnecessary to wash any thing more than the hands and face. I found it a good plan to let them begin with those who were well enough to sit in a chair and take off their boots and socks and put the poor, strained or bruised feet to soak in a tin of water. Meanwhile they could undress and wash them as far as the waist and put on a clean shirt. Then their feet were dried and they were helped into pajamas. Then they were ready to be put to bed or dressed and they were much more comfortable; more careful ablutions could be done later. The horribly smelly uniform had to be left under each bed that night till it could be tackled systematically the next morning. It all had to be marked and sent to be washed or cleaned. This in itself was no light job. We went on doing dressings steadily until the small hours of the next morning. The end of one ward was screened off to make a *salle de pansements*. Two doctors and two nurses went through the cases, one after the other, until all were dressed and in bed.

As our hospital was by no means ready, we had to use what we could get and small bowls and washing basins did duty for dressing bowls. We were lucky in getting a large tin of sterilized gauze from the Red Cross, which we cut up into various sizes and put on a sterilized cloth, so that everyone could take what was wanted without handling. A pile of wool was cut up in the same way and it saved much time. All the wounds were treated with iodine. To add to our difficulties that night, no cook arrived and we had no food in the house. However, a little hotel, two blocks away, came to the rescue and provided bread, milk and soup and guaranteed coffee for breakfast the next morning, so eventually all our poor men were fed and put to bed. Not one grumbled at his straw mattress, though the ends would constantly slip

through the webbing and head or feet go down suddenly. We managed to remedy this later but they were terrible beds to nurse bad cases on.

The ambulanciers and some of the Red Cross people took charge of the wards at night and called us up if anything were needed. I must say that we were often called unnecessarily, but it gave us a chance to look at those about whom we were particularly anxious so we did not mind.

The Belgian method of doing dressings is to have every case taken to the *salle de pansements*. Helpless cases were taken on stretchers and put on a table. At first this seemed to us to necessitate a great deal of moving, but afterwards it appeared to be the most practicable way as it concentrated the work in one place and skilled helpers were few, also the beds were very hard to make with patients in them. They were narrow and unsteady and it gave one a chance to make them properly. The ambulanciers and brancardiers were all trained and lifted well. It was difficult at first to work with the Red Cross. These ladies did not wish to dust or to make beds, or in fact to do anything but dressings and bandaging and help at operations. But after a little patient explanation, they learned that they were not qualified to do dressing and were quite ready to be helpful in other ways. They did very good work. One or two of the girls made excellent probationers and learned to assist in operations, changing lotions, handing bowls correctly, giving gauze with sterilized forceps and, in fact, doing exactly as they were told. They were splendid.

Some of the soldiers came in with horribly shattered limbs, the bones being smashed into many fragments and making nasty, compound fractures. The wounds made by bullets healed most quickly. We looked carefully for the entrance and exit wound and if the latter were not found and the exact position of the bullet were uncertain, the case was sent to be X-rayed. Most excellent radiographs were taken which were of great use to the surgeon. Shrapnel made horrid wounds, they were nearly always septic but the sepsis was local and they cleaned up without much trouble, in spite of the pieces of cloth coat which, in several cases, were carried into the wound.

One boy was shot across the pelvis and through both thighs. Three weeks afterward when the wound in the thighs was being irrigated the button of his portemonnaie came out. It had been in his trousers pocket and the snap, leather and all, had gone into the middle of his thigh. He produced the purse from under his pillow and said, "That is the missing strap." We had not been able to X-ray this boy as he arrived the last night of the bombardment.

Two of our brave fellows died of tetanus in spite of all we could do. The Belgian doctors had not adopted the plan of having the likely cases inoculated, that is, the deep wounds, particularly those in the legs, when first wounded. The serum seems to do little good when given only after the symptoms develop. We were fortunate in receiving most of the men on the same day or the day after they were wounded which gave them much more chance of recovery. They arrived with their first field dressing on, which had been applied either by a doctor or by themselves. Each soldier has a little packet containing gauze, wool and a bandage stitched into his coat, so that wounds can be dressed immediately, and now many are supplied with a small ampoule of iodine with which the wound can be treated.

The last week of the bombardment, when the town itself was being shelled, the 19 St. John nurses were asked by the British consulate if they would like to leave, as a boat was ready to take them to England, and although we were all separated and none knew what the others had decided, no one took advantage of the offer, nor did I hear of any nurses leaving the town. They all stayed in their hospitals.

Up to this time, though we heard the cannon continually, and several bombs had been dropped on the town from Zeppelins and Taube, yet the town itself was confident that it could hold out. Now, however, that the great Krupps had got our range, it was a different matter. People who the week before were perfectly calm and collected, now ran hither and thither in panic. They gathered together a few possessions and left for England or Holland. Many of our Red Cross helpers deserted us. We could not get a message out or a letter taken. Our water supply was cut off, as it was said to be poisoned, and we had to send some way for water. Later the gas was cut off for fear of fire. No lights were allowed after 7 p.m. but we could have a small candle to look after the wounded if the windows were closely screened. We heard the shells whistling through the air and waited for the house to shake after the explosion. Houses near us caught fire, others collapsed. We were too busy to mind in the daytime but at night it was rather weird. I often looked out of the window and watched those terrific fireworks which, if they had not brought death and destruction in their wake, would have been impressive with their magnificence. We had orders to evacuate the hospital and all who could walk were put into mufti and were told to fend for themselves. Many, we hope, rejoined the army elsewhere and others may have got over the Dutch frontier and have become interned in Holland. We could get no news of our particular men. The very serious cases were sent to one of the military hospitals. On the last night, when we were waiting for orders, a

new batch of wounded arrived from the forts, both Belgian and English. We got no orders but "Save yourselves," and thanks to our Belgian doctor, a boat was found to take us away early next morning. It was the greatest luck. Every cart, truck and barrow had been commandeered for huge prices days before. Every boat was crammed with refugees. There was a perpetual stream of people down to the Quai, mostly women and children. They had walked for miles, carrying their bundles, sometimes coming in their little cart drawn by their faithful dogs. I am afraid that many of these brave creatures were left in Antwerp to starve, as they could not be taken on the boats.

Nearly the whole of the remaining population of the town had now descended into their cellars by military orders. Our cellars were unsatisfactory, as we had to reach them by going out into the street. There was only one tiny window and the staircase did not permit of carrying a stretcher. The doctor thought that, considering the circumstances, the wounded had better remain on the ground floor. Nearly all the Red Cross ladies who joined us at the eleventh hour slept in the cellar. We, ourselves, slept in our fourth story rooms, that is for the few hours when we rested at all. The petroleum tanks had been set on fire by the Belgians to prevent the river being flooded with oil and ignited when the Germans got in. It made the illumination of the dark night a most wonderful spectacle but the smell was awful.

The next morning early (this was October 9), when we were packing together a few things to take with us, there was a fearful explosion and we found that a shell had burst in the street a few doors away. Later one fell into the Scheldt but happily hit no boats. The brancardiers were splendid and we soon had all the stretchers carried down to the boat where they were put on deck or on tables or any place we could find, as there were no berths. Luckily we had a large tin of sterilized dressings and this I dared not lose sight of, it proved a most precious possession. We had also, at the last moment, commandeered a supply of bread and a few tins of meat and sardines. This supply lasted us a very long time as it was impossible to buy food. That "*pain d'Anvers*" will not be forgotten by us, toward the end of its existence it became a very hard substance indeed.

When we were all on board a shot went across our bows and one of the English soldiers exclaimed, "We'd better be moving. They are on our range." And we were thankful to be off at last. We did not know it at the time, but we heard later that the Germans had entered the other end of the town an hour before. They say that we were the last boat to get away.

Those three days on the boat were a nightmare. We could only get enough water to make coffee and do dressings, and only the most important dressings were done. We crowded every corner and the boat was horribly dirty, having carried hundreds of refugees, and their rubbish had been left everywhere. We managed to sweep up a certain amount (when we found a brush), even then it was terrible. We made the poor fellows as comfortable as possible, stretched blankets on strings to shelter them from the wind. One boy was so ill with pneumonia that we thought he would die, but he eventually recovered.

On Sunday the doctor came with the news that an empty house in a little village in Holland had been offered him and here we were most thankful to find ourselves. Beds were given to us from a deserted convent and, except for three tables and a few chairs lent us by neighbors, it was all the furniture we had. Food could not be bought for love or money. For the last ten days Holland had been flooded with Belgian refugees, hundreds of thousands pouring over her borders and neither food or lodging could be had. They were thankful to get any kind of a roof to cover them and for a truss of straw in an out-house, many paid two francs a night. The churches and schools were full of women and children lying on straw. As soon as provisions could be procured the Dutch government supplied them with food, but during the first few days it was impossible, without notice, to provide food for so many. There was no flour, no milk and not even enough bake-houses to cope with the quantity of bread required. A poor woman told me that she had given seven francs for coffee and bread for herself and three children.

It is impossible to describe the misery of these poor women. Many were well off but had been obliged to fly leaving everything behind them. A little Belgian woman, carrying her baby, showed me her key saying, "See, that is all that remains of my home. It is burned to the ground, and I was only married last year. My husband is at the front. May the good God give me news of him, but how will he know where to find me now?"

Those who are wounded and die in battle do not make the only tragedy of this terrible war. The women and the children suffer more than can be told and over much it is better to draw the veil of silence and pray that God may heal their hearts.



## CANCER OF THE UTERUS

By FRED J. TAUSSIG, M.D.

*Member of the Executive Committee of the American Society for the Control of Cancer**"In the early recognition and treatment of cancer lies the hope of cure."*

This is the motto of the American Society for the Control of Cancer, the national association composed of physicians and laymen whose object is the education of the public regarding the nature and treatment of this disease.

With each decade of the past fifty years cancer has become increasingly important as one of the great scourges of mankind. Other diseases, such as cholera, yellow fever, malaria, have been effectively controlled, and tuberculosis and the intestinal diseases of infancy have been greatly reduced in frequency of occurrence by better hygiene and by the education of the public. Cancer, which is the most uniformly fatal of all the common diseases of man, remains comparatively uninfluenced by modern advances so that there is certainly a relative, if not an actual increase in cancer mortality. And yet in the past fifteen years, there has been a material advance in our methods of treatment so that a large number of persons could now be permanently cured if only they would present themselves to us early in the disease. It is a realization of this fact that has prompted the organization of a nation-wide, educational propaganda concerning the early manifestations of cancer and the importance of immediate surgical treatment.

Cancer is, in its early stages, a local disease. If, therefore, the organ affected by cancer is one that can be safely removed and if the disease has not extended beyond the limits of that organ, we can be certain of a permanent cure. Many times, however, microscopic particles of cancer cells have been carried beyond the organs originally involved and we have what is termed a recurrence of the disease. This is a bad name, since cancer does not return but rather reappears, that is to say, the few cancer cells left, invisible to the eye and escaping the most delicate palpation, begin to multiply after a certain period of time until by their continued growth they reappear as a tumor at or near the site of the original operation.

Cancer is decidedly more prevalent among women than among men, and it is for this reason that the Society feels the need of assistance from the organized associations of nurses throughout the country. Next to the family physician there is no one who is so often called upon for advice upon matters of this kind as the nurse and among women questions as to the significance of a lump in the breast or an irregular bloody discharge are more apt to be referred to her than to a doctor.



At the Barnard Free Skin and Cancer Hospital in St. Louis, I have been particularly impressed with the frequency with which cases have been sent to us through the agency of a nurse. I, therefore, appeal to all nurses to consider it their duty to inform themselves as to the essential facts of the disease and to spread the knowledge of these facts as far as they can properly do so among the women of their acquaintance.

It is always difficult to estimate the value of educational work of this kind, particularly in America where vital statistics and the control of the medical profession is so imperfectly organized. In Prussia, where educational work concerning cancer began in 1902, they could show a very definite increase in the number of early cases coming for treatment as the result of educational work. I believe that by persistent efforts to educate the public we can accomplish similar results in this country. In spite of the high standards of our general educational system, the medical education of our people is far behind that abroad. Thus I found in my own experience that only about 15 per cent of all patients having cancer of the uterus who came for treatment, were still operable. In the large clinics of Germany the percentage of operability is three to four times as great and, in consequence, the number of permanent cures is much greater abroad than it can be here under present conditions.

There is not time to go into a discussion of the general characteristics of cancer further than to say that it is not contagious in the sense of being transmitted from one person to another, and that it is not hereditary in the sense of being transmitted from mother to child. There are, however, certain races and certain large groups of families in whom cancer is somewhat more prevalent.

Of the predisposing causes of cancer we know that chronic irritation is undoubtedly an important factor. You know how frequently X-ray burns are followed by this disease; how smokers are very apt to have cancer of the tongue and lip; how women who have had many children are more apt to have cancer of the uterus; how gall stones increase the likelihood of cancer of the gall bladder and how ulcers or chronic inflammation of the stomach predispose to cancer in that organ. It is therefore important to teach the public that chronically inflamed organs must be given a chance to heal and that further irritation of these organs should be avoided.

As this paper is prepared with special reference to cancer of the uterus, I will consider the symptoms of this form of the disease only.

Unfortunately the uterus is, next to the stomach, the most frequent site of malignant trouble. Cancer of the lip, face, breast and external

portions of the body are naturally recognized earlier and with greater certainty than is a cancer which originates within the body. Cancer of the uterus shares this disadvantage, but it has on the other hand the advantage that for some months it is localized to the immediate neighborhood of that organ and can still be completely removed. In over 90 per cent of cases it occurs in women over thirty-five years of age who have had children. There seems to be a definite relationship between the number of children and the frequency with which uterine cancer occurs. Tears of the cervix have been shown by large statistical study to be, at least to some degree, a predisposing factor. Some men have suggested that all women over thirty-five years of age should be subjected to examination at regular intervals in order to discover cases early enough for treatment. This suggestion is, however, evidently impracticable and would lead to much unnecessary worry and expense. It would, however, be wise for all women who have had tears at childbirth to keep under reasonably close supervision during the decade between forty and fifty years, and if there is evidence of chronic irritation about the cervix or deep lacerations, the question of local treatment or of operative measures should be given due weight. So much for preventive methods.

The early symptoms of the disease vary somewhat in intensity and character. The most constant is the irregular appearance of blood in the vaginal discharge. Sometimes it will show itself at or about the menstrual period, but more frequently the bloody tinge is intermittent throughout the period. If bleeding follows intercourse, straining or taking a douche, it should be carefully investigated. Occasionally we find merely a marked increase in the leukorrheal discharge, sometimes of a straw-colored character and having an unusual odor. A few cases that have come to our hospital in already advanced stages have denied any bleeding whatever previous to examination. Time and again I have seen women who told me that they thought this little discharge would amount to nothing since they had no pain and experienced no discomfort. Please impress it upon the women of your acquaintance that pain and backache are a late symptom of cancer; that by the time the patient begins to have pain it is only too frequently impossible to effect more than temporary relief. Let me give you a few illustrations from the records of the Barnard Free Skin and Cancer Hospital of St. Louis showing the fatal results of delay in the treatment of cancer:

Case 1, Mrs. B., 41 years of age, noticed seven months previous to coming to the hospital an irregular bloody vaginal discharge. The discharge continued throughout this period but she never consulted a physician until one week previous to her admission to the hospital. We found on examination a cancer that had already extended to the peritoneum.

**Case 2, Mrs. N.,** 59 years of age, several years beyond the menopause, began to have a bloody vaginal discharge with occasional slight hemorrhages. She consulted a physician at once who pronounced her disease a cancer of the uterus and advised an operation. The patient refused to have anything done. Six months later she began to have severe pains in the lower abdomen and down the legs, and having lost fifty pounds in weight finally came to our hospital for advice. The cancer had already involved the bladder and vagina and only palliative measures could be employed.

**Case 3, Mrs. C. M.,** 53 years old. At the time of the menopause she began to have a bloody discharge which persisted. After having such a discharge for over a year she finally decided to consult a physician. No examination had been made until the day before her admission to the hospital, March 1, 1910, when we found the tissues to all sides of the cervix involved and the case clearly inoperable.

**Case 4, Mrs. R.,** 37 years of age. Several months after her last childbirth she began to have a bloody discharge, no pain or backache. She consulted a physician who did not examine her but prescribed douches. Two months later, since the bloody discharge continued, she returned to the same physician who again did not examine but altered the original prescription for the douche. Six months later, when the discharge still persisted, she went to a second physician who examined her and curetted the cervix for cancer. Nine months after the onset of the bleeding she came to us for advice and we found a far advanced cancer that still offered a slight chance for a permanent cure by radical hysterectomy. This was done and she remained well for a year thereafter, but then had a return of her growth.

In contrast to the above four cases, let me cite:

**Case 5, Mrs. H.,** 46 years of age. Noticed an increased vaginal discharge in July of the present year which, about September 1, became tinged with blood. On the advice of a nurse who was acquainted with the family she came to us at once for examination. I found a comparatively early cauliflower cancer of the cervix without apparent extension to the surrounding tissues. A radical operation which was done two weeks later gives every hope of having effected a permanent cure.

You see from these test histories that particularly the irregular bloody discharge at the time of the menopause should be looked into carefully and that the only way to determine whether a woman has a uterine cancer or not is by an internal examination. Here again the nurse must do her share to overcome the false modesty that keeps so many women from going to a physician at once upon the appearance of suspicious symptoms.

While the patients are probably the main factor in delaying treatment, we see from the history of Case 4 that the physician is not infrequently also to blame. I am sure you will do a vast amount of good if you will teach your people the doctrine that the physician who is too busy or too lazy to make a physical examination is not worth while having at all. The days of the "Show-your-tongue-and-feel-your-pulse" doctor are rapidly going. Try and help him into the realms of oblivion. The increased rigid requirements of medical schools in many states will keep down the number of such useless men in the future and I trust you will do your share to see to it that they do not too much harm in your community during the present.

Perhaps to some of you the thought has come: "What is the use of all this instruction, since even the early cases of cancer will sooner or later come back with a return or reappearance of their former trouble?" That is not true. While we are willing to acknowledge that a certain percentage of even the early cases do have a recurrence after a given length of time, the proportion is becoming increasingly smaller with the advances in our methods of treatment. Hundreds of women in this country who have had cancer of the uterus are alive today, five years or more since the time of operation, as witness to the permanency of such cures. There is likewise no question but that the improved methods of treatment with radium or the penetrating X-rays in coöperation with surgical methods, and in a few cases unaided by these, will considerably increase the percentage of cures.

The present is, therefore, a time of rapid progress both in the research as to the causes of cancer and in the treatment of this disease. It is beyond the limits of my paper to go into this part of the subject, but I can assure you that the atmosphere of gloom that formerly pervaded institutions where such patients were being treated has changed into one of distinct hopefulness. We find ourselves in a position even to help materially cases of advanced cancer.

The snag upon which all our surgical advances and our newer methods of treatment with radium, X-rays and serum are caught, is the delay in coming for treatment. If the cancer has invaded the system or extended into regions beyond the influence of all therapeutic measures, we can offer merely temporary relief of suffering without hope of cure. It is for that reason that we make this appeal to the nurses to help in the education of the general public. Let me, therefore, end this article in the words that began it:

*In the early recognition and treatment of cancer lies the hope of cure.*

## THE ENGLISH VOLUNTARY AID DETACHMENTS

By MARY BURR

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It was in August, 1909, that Mr. Haldane, then Secretary of State for War launched his scheme for the formation of Voluntary Aid Detachments. Having reorganized the Volunteers, re-naming them Territorials, and having brought into being a Territorial Nursing Reserve, every member of which must be a three-years-trained nurse recommended by her matron, it was thought necessary, in case England should be invaded, to have bands of men and women throughout the country who, in such a time of emergency, would be able to give the wounded some slight care and attention while en route to the base hospitals. The working out of the details of this scheme was handed over to the British Red Cross Society and the St. John Ambulance Association.

The idea caught on and was taken up with avidity, as all things are when connected with war or royalty. The country people very rapidly began to form these detachments all over the country. Each county branch of the Red Cross Society is responsible for the organization and maintenance of all the detachments in the county. This is divided into areas under vice-presidents, assistant county directors, local secretaries and local committees who form and carry out all the necessary business connected with their detachments.

The qualifications necessary for membership are: for men, the certificate in First Aid, and for women, certificates in First Aid and Home Nursing. There are various exceptions made for the men's detachments and trained nurses and cooks are exempt in the women's detachments. Those without certificates are taken as probationers providing they qualify in both subjects within the year and produce the certificates of one of the various teaching bodies, such as the Red Cross, St. John Ambulance, National Health Societies, etc.

As soon as these detachments began organizing it was quickly discovered that dual control in regard to teaching brought friction. In Devonshire, for example, a trained nurse was engaged to teach the classes in Home Nursing. The St. John Ambulance Association was asked to ratify the appointment but refused to do so on the ground that they only recognized as teachers fully qualified medical practitioners, and therefore no nurse could be allowed to teach even the elements of her own work. The St. John Ambulance Association is controlled chiefly by army surgeons and the lecturers received one guinea per lecture, and often the subject is read directly from the S. J. A.



handbook to the class. This insulting and unjust condition was brought to the notice of Mr. Haldane, through a letter in the *British Journal of Nursing* and resolutions passed by some of the Nurses' Leagues, but rather than alter their ancient constitution the St. John Ambulance Association withdrew from the scheme, which is now controlled entirely by the Red Cross Society which recognizes nurse teachers and examiners and is willing to pay them the same fee as doctors but is rather more willing to pay less, but instruction in First Aid *must* be given by a doctor to candidates of both sexes.

The following are the subjects to be given. Each lecture is to be of about an hour's duration with a practice class afterwards. Incidentally lecturers are reminded to make each lesson as elementary but practical as possible.

Lecture one: regions of the body, skeleton, joints; the muscular, digestive, respiratory, lymphatic and excretory systems; first aid treatment of wounds and bruises; use of the triangular and roller bandages and the forming of hand seats. Lecture two: sprains, fractures, gunshot wounds, improvising splints, triangular and roller bandages and the fireman's lift. Lecture three: the circulation of the blood and the treatment for various hemorrhages; the use of the triangular and roller bandages and the description of stretchers. Lecture four: respiration, asphyxia and treatment of different cases of; artificial respiration, Schaefer's, Howard's and Laborde's methods; nervous system, its common affections and their treatment; stretcher practice, use of the triangular and roller bandages. Lecture five: treatment of burns, scalds and frostbites; removal of foreign bodies from eye, ear, nose, throat and stomach; management of clothes in fire and street accidents; general poisoning; preparation of bed and bed room in case of accidents; improvisation of stretchers; use of the triangular and roller bandages.

The syllabus of lectures on Red Cross Nursing is as follows: Lecture one: accommodations for sick persons; light and ventilation; care of room; use of the roller bandage. Lecture two: infectious cases, care, quarantine, disinfection; nursing in temporary shelters and ambulance trains; use of roller bandage. Lecture three: taking of pulse, respiration and temperature; clinical charts; bed making; use of the roller bandage. Lecture four: the nurse, dress, duties and rest; washing and feeding of patients; food and its digestion, absorption and excretion; use of the roller bandage. Lecture five: administration of medicines; application of poultices and fomentations; baths and their effects; use of the roller bandage. Lecture six: keeping records, dressing wounds and bed sores; making of beef tea, chicken tea, etc.; convalescence; use of the roller bandage.



Criticism of these lectures is unnecessary; their faults are too glaring. They show so well that no trained nurse was on the committee who arranged and passed them. It is difficult to realize why these people place such importance on the knowledge of the use of the roller bandage. If only probationers could absorb all this in twelve hours' instruction what a blessed relief it would be to their ward sisters.

Naturally at the end of each course of these lectures there is an easy examination which, having passed, the probationer may now become a full-fledged member of the V. A. D. Each detachment is composed of a commandant (man or woman) who is responsible for the efficiency of the detachment; a medical officer who takes part in the training of the detachment and in time of war takes charge of the sick and wounded; a lady superintendent who must ordinarily be a three-years'-trained nurse, but exceptions can be made to this rule, she is in personal charge of the nurses and is responsible for their discipline and efficiency; a quartermaster (man or woman) who has charge of buildings, equipment, stores and all materials, also command of the cooks, cooking, etc.; twenty women, of whom four should be qualified as cooks.

Every detachment is subject to military discipline and inspection and is required to maintain discipline and efficiency and to conform to such rules, regulations and orders as may be issued from time to time by the War Office, Red Cross Society or County Director. Members are requested to wear some distinctive badge or article of dress to distinguish them from the members of the civil population. This they have carried out with marvelous thoroughness, for they wear Red Cross armlets, huge Red Crosses on the front of their aprons, badges on hats, collars and cuffs, etc., so they are not likely to be mistaken for members of the civil population. Uniform is optional but can be obtained from the Red Cross Society for two pounds, badges are also supplied for from one shilling to thirty shillings, sixpence.

Their duties as quoted from the War Office scheme are:

The women's detachments would be employed chiefly in forming military rest stations, for preparing and serving meals and refreshments to sick and wounded during transit by railway and in taking temporary charge in the evacuation stations or temporary hospitals of severe cases unable to continue on the journey. They should therefore be trained not only in the cooking and preparation of diets but also in the method of arranging small wards for patients in suitable buildings, preferably near a railway station, and in such nursing as is necessary for the *temporary* care of patients until they can be transferred to the general hospitals. Detachments or a certain portion of a detachment may be employed for duty in ambulance trains.

This temporary care has been interpreted to mean *nursing* the sick and wounded; and as for the cooks' camp cooking, they are warned that "At their periodical practices, while the nurses practise nursing" (presumably roller bandaging) "and other work, they must cook, and the preparation of afternoon tea is not to be considered sufficient." All detachments are expected to learn simple military drill under strict military discipline.

The administrative medical officer in one county states that, "The knowledge of the members at best, was very elementary," and, the county director begs the members to strive for greater efficiency and among other things suggests to them, "To obtain permission to work in hospitals or with a district nurse, the hospital authorities and district nurses being asked to report periodically on the work and conduct of the members of the detachments." This note is added: "The experience thus gained is of great value and detachments which benefit in this manner should endeavor to recompense the institutions concerned with *suitable subscriptions and other help.*"

Then an advanced course of lectures by the medical officer, followed by practical instruction given by the lady superintendent, is set forth and rewards for proficiency are offered, such as ribbons, badges, etc. Without doubt no pains have been spared by the lay organizers of these Voluntary Aid Detachments to render their members as efficient as possible, but they have entirely mis-interpreted the scope of their duties and still believe that their courses of concentrated knowledge and expert application of the roller bandage will make a nurse. They call these ignorant, unskilled women *nurses*, telling them they will have to *nurse* the sick and wounded, hence there is no wonder that they think they are quite equal to, if not better than, we silly, misguided folk who persist in believing that it takes three years of hard and varied work in the wards of a hospital before we consider ourselves capable of undertaking the care of seriously sick and wounded people. They ignore the fundamental fact that theory, even with practice on healthy boys, is totally different from real work of daily duty in a hospital.

The same wide interpretation seems to have been given to all the other instructions issued by the War Office in regard to requisitioning buildings, etc. For while the county organizers were preparing to requisition schools and any other public buildings they fancied, the War Office issued a notice that reference should be made to the local military authorities regarding buildings selected for Voluntary Aid purposes. In spite of this, in August last, when the war broke out, these Red Cross people promptly began their preparations and schools and other buildings were requisitioned all over the country, until the

War Office issued a notice definitely stating that schools were not to be taken and many already prepared had to be dismantled at great cost of time and money. In one town a secondary school is being used now, also an Eye Hospital, the Committee of which, when approached, hesitated, and were informed that if the building were not handed over willingly it would be commandeered, this high handed action being quite beyond their powers but the committee (all men) instead of challenging this statement, weakly gave way on condition that only when all other suitable places in the town were full should the eye patients be deprived of their hospital. The promise given, it was the first building to be used and that regardless of the fact that the school already mentioned had been ready with a staff waiting for weeks and longing for patients. It is reported that the school committee intimated that unless the building were soon used they would withdraw the consent.

The staff in the buildings mentioned consists of six or eight trained nurses and about 60 Red Cross members, the number of patients averaging about 60 or 70. One cottage hospital has two trained nurses and 15 Red Cross members with five patients. So they can make up in fuss what they lack in skill.

In many cases the men are sent straight from the front with only first dressings on and there have been quite a good proportion of serious operations. Doubtless to play the glorified game of Red Cross nursing was most fascinating with its drills, parades and field days before an admiring crowd, but when that game became grim and terrible reality the aspect was totally changed, *then* many realized that they were not strong enough for nursing or home duties were too pressing, and one lady of whom I heard, went away and left no address. At last an order was issued that no more resignations would be accepted without full and adequate reasons. Another changed her metier as her father thought it was most indecent for a young girl to undress a man so she was transferred to the kitchen.

In another case a superintendent called her detachment together to see how best she could arrange them, when one said that she could give two hours every evening, and another stated that she could only nurse sitting down!

All sorts and conditions of women flocked to ambulance and home nursing lectures on the outbreak of the war. One enterprising newspaper arranged them at different centers free. At the Red Cross Society's office people thronged and hundreds of nurses volunteered. It was stated that their credentials were verified by a matron but if her credentials were as casual as those who took the name of nurse lecturer,

it is no wonder that so many untrained women got to France and Belgium. It was something as follows, "Name, address, Are you trained? Yes," and upon that recommendation they sent her to someone who needed a lecturer. It is true they stated that they knew nothing about her, but how were they to know? That these emotional, sensation-seeking women are not out for help, i.e., to do what is needed, whether it be scrubbing, cooking or bed-making, is very evident, as the controlling idea seems to be to nurse the soldiers. This was aptly illustrated when a cook wished to enter some home nursing lectures; when it was suggested that she could join a V. A. Detachment as cook, she exclaimed: "Cook, I don't want to cook, I want to nurse the soldiers." It is not to do the best possible but to be in personal contact with the men, to be in the full flood of the lime-light, to act the guardian angel business, pillow smoothing, etc., that these people want; but to dress the awful wounds, they don't know how.

Yet they besieged the hospital committees for permission to enter the hospitals for a few weeks, "to see all the operations, dressings, etc.," while the regular probationers were to stand by and presumably clean up after them. Some hospital committees consulted their matrons and refused, all honor to them; but many passed resolutions that they should be allowed to enter and that, very often, without any reference to the matron at all. In one case where this was done, all the probationers threatened to resign if these Red Cross women were permitted to enter unless they took their share of the probationers' work with them. The committee was quite willing to accept their resignations until the nurses and sisters threatened to support them. Then and then only, was the resolution amended and for weeks these women over-ran the hospital.

The hospital committees are composed of medical men and prominent laymen. Very few women are appointed, although most of the work is done and much of the money is given by women. Therefore it is not incredible that doctors who are members of one of the closest of close corporations in England should be so thoroughly disloyal to the sister profession whose members have been so loyal to them, who have kept pace with their needs, improved and never spared themselves in order to be ever ready by their sides, and all this with very little encouragement except from a few individual doctors. Nurses have once again been betrayed by those on whom they relied for support in their struggle for their professional standards.

Now after several months one hears such praises of the coolness, nerve and the wonderful way these women work considering how little training they have had. I do not wish to belittle them, so far as I

understand they have shown their mettle under most trying conditions and in many cases have turned out to be really helpful. It is the whole pernicious system of brushing aside every educational ideal, of lowering the standard of work on the plea of national emergency simply because it is women's work and as such does not count, except as pawns in the game to be used or cast aside, to be lifted up or put down, as it may please the men who have brought the world to this dire state. How different it would have been if nursing were the prerogative of men! We have as an example of that the fact that no Belgian is to be employed if he takes the place of an Englishman, and when he is, to receive the same standard of wage as the trade unionists. I fancy the reason is not far to seek and can be summed up in one word, snobbery, and that of the worst type, which has made men willing to sacrifice their principles, their loyal co-workers, their hospital patients and last, but by no means least, the men who have gone forth and offered their lives for their country.

These V. A. Detachments are, for the most part, run by the most prominent and wealthy people of the neighborhood, many of the members are relations, friends or patients of the doctors and hospital committees and so, rather than be considered mean and disagreeable, which might mean social or financial loss, they have permitted these women to take the place of the trained nurses.

It is extraordinary the generations it takes men to learn that confusion results when they endeavor to control women's work. When one knows that men chiefly control these societies it is not surprising that so many society ladies and others with cash and influence were allowed at the front.

We have been refused state registration for the past ten years and these are the fruits. It is to be hoped that the anti-registrationists are content. Is it any wonder that we nurses are furious? First, that our brave men should be exploited by anybody rich enough to pay for the privilege, when they deserve the best care that education and training alone can give; and second, that the up-building of the education of nurses should be ruthlessly wrecked and cast aside at the first opportunity. That the good solid work which could have been rendered had we nurses been given that safe-guard for which we have worked and waited so long and which has been minimized by the selfish exploitation of men, at an epoch such as this, is heart-breaking. Had we been given registration and allowed to organize our profession on just lines, how different the war nursing would have been! Then there would have been a place for everyone and everyone in her place and untrained duchesses would not have been running ambulances while trained nurses waited for permission to nurse.



SOME DIRECT RELATIONS BETWEEN THE SCIENCE OF  
EUGENICS AND THE NURSING PROFESSION<sup>1</sup>

BY ARTHUR E. HAMILTON

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Island, New York*

In my filing cabinet is an envelope, growing daily more bulky, marked Grotesque Eugenics, where all the facetious, cynical and perverse interpretations of Galton's gospel that come to hand find lodgment. Judging from the product of the press-clipping bureau, it is largely from the laughers that the American public has become familiar with the word Eugenics. The people who smile over the sometimes clever cartoons in *Life*, or immerse themselves in the inky banalities of Mr. Chesterton, are as a hundred to one of those who have opened *Hereditary Genius* or read so much as page 17 of *Inquiries into Human Faculty* where the word Eugenics was coined. Small wonder is it, then, that my scrap-book teems with whole groups, genera and species, and with scores of sub-species and varieties of misconceptions in regard to this good but much-battered and bantered little word. Nor is facetiousness confined to the comic-supplement or even to the serio-comic essay. The London *Lancet* is not especially noted for frivolity, but it opens its pages sometimes to the amusing, and Dr. Mercier's version of Eugenics, which I lift from its pages, is so typical of the man-of-straw-fighting opposition to what Professor Conklin has called this "infant industry" that a fragment thereof may fittingly serve as a text for this attempt to cram into a few pages what Eugenics stands for.

Dr. Mercier wanted to know whether a young woman would be cut into little bits by her prospective husband, whose family was tainted with insanity, in the event of her marrying him. He supposedly consulted the works of William Bateson, the foremost English authority on Mendelism, and he concludes that:

The Mendelian method is inappropriate. It tells me that if the father of my patient was a drunken lunatic, and his mother was a paralyzed dement, and if the father's drunkenness is dominant and lunacy recessive, while in the mother paralysis is dominant and dementia recessive, and if they have sixteen children, then the chances are that nine children will be paralyzed drunkards, three will be demented drunkards, three will be paralyzed lunatics, and one will be a demented lunatic. That is very interesting, but it is not what I wanted to know.

Now, while such extensive studies as those of Adami, Davenport, Goddard, Rosanoff and Weeks in America, checked and corroborated

<sup>1</sup> Read at the thirteenth annual meeting of the New York State Nurses' Association, Syracuse, N. Y., October 21 and 22, 1914.



as they have been in many particulars by the independent investigations of Europeans such as Jolly, Lundborg, Mott and others, adumbrate the time when the Mendelian principles of mosaic inheritance through the segregation of unit characters or groups of characters will prove indispensable in such cases as Mercier presents, no scientific student of heredity claims that Eugenics has a specific answer to the doctor's query. Gregor Mendel gave us the conception of characters inherited as units or groups of units, and he showed very definitely that in certain forms of life and in regard to certain characters, such as color, form and size, this is true. He also demonstrated the fact that these characters segregate in certain ratios, and that some behave dominantly, appearing on the surface in heredity, and others behave recessively, lying hidden, so to speak, ready to crop out again when circumstances should favor their appearance. All this is now an old story, and while according to Mendel's law, we should expect just such a condition as Dr. Mercier describes if the characters he speaks of were dominant and recessive respectively, no one who is familiar with the work that has been done in the field of mental heredity would assert that these characters were this or that without reservation.

Physicians like Dr. Mercier, however, are being called on more and more to give their opinion in regard to the advisability of certain matings of young men and women in the light of what is already known concerning the working of hereditary laws in man. There seems to be growing up a very definite mental attitude toward the problem of possible children that might be called a eugenic conscience. This awakens when the young man or young woman realizes that he or she holds a trust and responsibility in his or her potential parenthood; a responsibility not only to self and today, but to the future and for all time. It is sometimes amusingly pathetic to see the serious abandon with which a young man will yield to this new conception of life and endeavor to revalue all his past standards of things. While in most wholesome and healthy young men and women there is really little ground for very deep attention to the problems of heredity, yet one can foresee that the results of throwing together two strains of human characters and a eugenic conscience which will bring one to the doctor's office for a Eugenic consultation, will do no one ill, to say the least for it. The contents of the files of the Eugenics Record Office bear witness to the increasing demand for such knowledge as we thus far possess, and even for that which as yet we only hope the science of Eugenics will be able, sometime, to provide. However, the time for practical application of what we have learned is hardly here except with regard to a few outstanding and undeniable facts of inheritance with which nearly

all intelligent physicians are acquainted. The time is now, and will be for years to come, ripe for investigation, for the discovery and sifting of new facts, for their classification and relation to the whole moving mass of human science that is being made real by the patience of men and women engaged in research the world over. Today, as thirty years ago when it was reincarnated in England, Eugenics stands for research, and, insofar as its research shall have borne good fruit, for education.

Years ago, Sir Francis Galton, the founder of the modern organized movement for the bettering of human conditions, if possible, through a conscious and scientific attention to subjects hitherto almost neglected as material for serious consideration, wrote in a little book:

We greatly want a brief word to express the science of improving stock, which is by no means confined to questions of judicious mating, but which, especially in the case of man, takes cognizance of all influences that tend in however remote a degree to give to the more suitable races or strains of blood a better chance of prevailing speedily over the less suitable than they otherwise would have had. The word *eugenics* from the Greek *Eugenes*, meaning happily born, would sufficiently express the idea.

Later, Galton summed up his idea of race-improvement through conscious attention to the problems of heredity in the broad and generous definition of "the study of those agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally," and he outlined a definitive program for such study, namely:

1. To disseminate knowledge of the laws of heredity so far as these are surely known, and to promote their further study;
2. To inquire into the birth-rates of various divisions of society in ancient and modern times;
3. To collect reliable data showing how large and thriving families have most frequently originated;
4. To study the influences affecting marriage;
5. To set forth the importance of Eugenics for the future welfare of peoples and nations.

That is the gist of Eugenics. The rest is detail of operation, a record of what has actually been done along lines consonant with the spirit and letter of this idea.

Can there be read into this five-pointed star of Galton's program a single objectionable feature? Is there any ground for the flood of cynical invective and derision which has characterized its reception in the United States? We believe not, and it is because there is so much conduct-illuminating thought packed away in the little word Eugenics, and because the public is apt to misconceive its real meaning and significance, that an organized effort is being made to present the subject aright in educational form. The relation of the physician, the psychiatrist, the psychologist and the professional trained nurse to

studies in human heredity is two-fold. We might term this relation subjective and objective. Subjectively one inquires: "What is there in all this for me, how will Mendel's principles or Galton's calculations or Davenport's discoveries help my patients or throw light on my clinical and laboratory problems?" Objectively, the question becomes: "What can I do to contribute to this department of science? Wherein does my work bear on the problems of the student of human genetics?" "What data that come my way are amenable to treatment by Mendelian analysis?" Some of the pioneer work already done by those who have seen the possibilities of organized effort at analysis and classification may help to answer the objective inquiry, and in that answer will be found the reply to the query concerning what there is in all this for you and your patients.

A working hypothesis for the classification of such neuro-pathological states as are commonly regarded as hereditary, or as associated with hereditary causes, has been put forward by Adami, whose voluminous and careful work assuredly entitles him to a serious hearing. He places as nervous diseases of homeomorphous inheritance those that exhibit in the offspring the same symptomatology as characterized the parent, and he calls heteromorphous those in which there appears an interchangeability of symptomatology, such as in the hysterias neurasthenias, and in epilepsy, migraine and the various degrees of amentia. Under homeomorphous affections he lists: Huntington's chorea, Thomsen's disease, interstitial hypertropic progressive neuritis of childhood, progressive muscular atrophy, progressive bulbar palsy, bulbar paralytic facial type of muscular atrophy, Bernhard's and the Duchenne-Aran type of atrophies, hereditary spastic spinal paralysis, and myoclonous epilepsy.

Of these affections, Huntington's chorea has been found to behave as a distinctly dominant trait in the families thus far studied and charted by Dr. Muncey. It does not skip generations, and wherever an affected person has married one unaffected and there have been children, these have suffered in about the expected ratio of one-half. However, it is fully realized, and by no one more clearly than by Dr. Muncey herself, that this is but a mere beginning, that her work must be vastly enlarged and checked by other investigators before even tentative conclusions of a definite nature can be drawn relative to the actual laws governing this inheritance. So must the other states be studied and so they are being and will be treated, for all these veins in the rich mine of hereditary pathology offer tempting rewards to the scientist who will devote himself wholeheartedly to their exploitation. Far from its being true, as Mr. Chesterton has recently put it, that "the attempts of the Eugenists are already petering out in gasping poly-

syllables," the work has only just begun the preliminary surveys and shallow surface scratchings.

Was not the discovery of the mysterious activity of haemophilia in heredity a thing of beauty and a joy forever to him who first noticed the phenomenon? Haemophilia, as you know, is characterized by severe and often uncontrollable bleeding resulting from trivial cuts or bruises or even from spontaneous hemorrhages, due probably to the absence in the blood vessel walls of the fibrin-ferment formed by the union of thrombokinas and thrombogen in the presence of calcium which helps to close the gaps in the injured blood-vessels by clotting. Now even if someone should succeed in isolating the germ of this disease, its hereditary character would still be as manifest as ever, for the daughters of a "bleeder" very seldom manifest this condition, while even though they marry normal men they are apt to transmit the defect and if they marry into families characterized by this affection, the number of their bleeding sons will be increased, as will also the probabilities of their granddaughters again transmitting the disease. In genetic terminology, this condition is called a sex-linked recessive character. With rare exceptions, only males are bleeders but only females of affected families can transmit the condition and these females are seldom themselves bleeders. Ample family histories attest these facts which are no longer so mysterious and remarkable, since we have learned that specific characters, such as the presence or absence of a determining factor in an organism (such as that which determines the presence of the fibrin ferment, for instance) are inherited as units or groups of units and that sometimes these units or groups are linked up with that factor or factors which determine the sex of an individual.

Again, according to Dr. Davenport, such characters as toothlessness, faulty enamel, glaucoma, presenile cataract, displaced lens, night-blindness, retinitis pigmentosa (probably), tylosis of palms and soles, chronic family jaundice, hypospadias, monilithrix, telangiectasis, and such abnormalities as cryptorchidism, polydactylism, brachydactylism, syndactylism, double-jointedness and crossed-toes, all behave as dominant characters, never skipping a generation as far as his records show, and never transmitted by persons not affected by them.

These, however, are types, surface indications, starting points, centers of stimulus for further and more painstaking work. They are not so much material for pride in what has been discovered as they are suggestions of the wealth and worth of the field of work that lies before those who will enter it in the spirit of the old motto,

Knowledge is proud that she has learned so much;  
Wisdom is humble, that she knows no more.

Scientific work in human heredity describes an asymptotic curve in almost every instance, approaching but never actually touching the line of its goal. Goddard has pioneered extensively in the field of hereditary amentia and while his studies, supplemented by those of other investigators who have followed in his footsteps, or worked independently and with other material, show us almost conclusively that amentia behaves in the fashion of a recessive character, and that, while a feeble-minded person may marry a person endowed with a full complement of mental faculties and the children be classifiable as normal, yet when two aments produce offspring, seldom, if ever are they anything but feeble-minded, their mental caliber ranging from idiocy to the lower moron levels of intelligence. In the rare instances where two hereditarily mental defectives have produced normal progeny, there has been serious doubt as to the chastity of the mother, as in the case cited by Goddard where from the mating of two feeble-minded whites there resulted two normal children, both black. But much further than this, even so undoubted an authority as the psychologist of Vineland is not willing at present to go further than to state that, while it is hard to believe that human intelligence even *acts like a unit character*, yet he is irresistibly led to such a conclusion from his own figures, based on a study of several hundred individuals whose family history he has been able to obtain. From the records available, then, it seems quite certain that feeble-mindedness, probably due to the lack of specific determiners for brain normality, behaves as a Mendelian recessive unit character, or group of unit characters, and as closely in accord with Mendelian ratios in inheritance as our present limited data allow us to assume. Insanity, a blanket term covering a multitude of variant mental aberrations, also has been shown to behave recessively in inheritance in such work as that of Davenport and Weeks and Rosanoff, but we have yet to unravel the mystery of the laws governing its mercurial appearance in our "tainted stocks."

So, in the present state of our knowledge, we cannot blame our Dr. Merciers for being puzzled as to what to tell a young man, who, finding insanity up his family tree, asks what the chances are that it will come down and cut his prospective wife to little bits. However, when that young man, or any other, sends to the Eugenics Record Office a family record blank, filled out for himself, and one bearing the family history of his proposed mate, and when on his side is found an uncle living at Ward's Island with all the symptoms of manic-depressive insanity, while the young woman's chart shows an aunt whose mind slid down the incline of dementia-praecox then, in the light of what is already known, something can be said. Would it be unwise or un-



scientific to tell such a young man that the probabilities are high that the dice of heredity will be loaded heavily against the normality of brain and nervous system in his probable children?

As our sense of the value of sound and sane human life increases, the rights of the unborn child will come to play a larger rôle in our thought than heretofore, and such questions as we are beginning to face will become more frequent and more insistent, and the services of those best able to answer them will be found in greater and greater demand. Eugenics "asks for a little imagination which will make us realize that the future will one day be the present and that to serve it is to serve no fiction or phantom, but a reality as real as the present generation," and it emphasizes the conception of nature's laws revealed to us "not to satisfy an intellectual curiosity, but for the highest end conceivable, the elevation of the race."

Today physician and nurse are constantly called upon for advice concerning prenatal care of children and with the appearance of Mrs. West's booklet on the subject, from the Children's Bureau at Washington, a new era is ushered in, that of governmental attention to the welfare of its unborn children. Tomorrow's step is logically that of caring for the children not yet conceived by more careful and systematic attention to those agencies under social and therefore under governmental control that may improve or impair the racial qualities of future generations, either physically or mentally.

We know that the throwing together of certain human strains will result in defective offspring. We know that an excess of alcohol plays havoc not only with an embryonic or foetal life, but with the very tissues which proliferate the germ-cells that are to form that new life. We know that the venereal diseases are genuinely racial as well as individual poisons. We know that there are thousands of little tombstones marking the resting place of babes still-born because their parents worked at glazing china with white-lead and we can see their brothers and sisters who survived birth, walking our streets mere shadows of what they might have been had the white-lead industry and its branches been studied and dealt with as an agency under social control that may impair the racial qualities of our citizens to be. We know that war, which in primitive times was a factor in race improvement, through its rigid elimination of those least fitted to survive, has become in our day the very reverse of this, and with the appearance of the long range gun, the shrapnel shell and the whole vast enginry of wholesale murder that we have of late become so horribly familiar with, war stands for waste, waste, not only of our present life but of that life that might have been and never will be. Not only do we live beyond our own means in the

preparation and waging of war, but we have long since begun to live beyond the means of generations yet unborn, whom we not only saddle with the inevitable burdens of the cost of present wastage, but actually make less fit to bear those burdens because they will be fathered by men of a lower average caliber than the men who have fallen in wide wind-rows to the play of mitrailleuse and rifle fire and sword. Let us hope to see at least a thin shimmer of silver along the outline of our great war cloud in the possibility that its very horror and immensity will set war on our list of agencies under social control and that society will have learned to control it into the solemn memory of a fading past.

This is part of the fifth point in Galton's program, to bring before the people, especially before our oncoming generation of young men and women, thoughts concerning social and individual problems of the future made living and real because of their intense human aspect. In this way it is hoped that, while "today our historians think in terms of regiments, tariffs and dreadnaughts, the time will come when they will think in terms of babies and motherhood," and when we shall realize that "the culture of racial life should be the vital industry of the people" and that "the products of progress are women and men." Youth must realize, and realize early, best perhaps during the idealistic period of adolescence, that "no race or species, vegetable, animal or human, can maintain, much less raise, its organic level unless its best be selected for parenthood." But youth will not, in these thinking days, realize this unless he is given facts that square with his experience and the experience of his fellows. It is the business of the field-worker in Eugenics (and there are more than a score of them already in the United States) to dig for these facts. It is the business of scientists interested in the problems of human heredity (and there are hundreds of able men and women whose interest is of the keenest, in our professions and in our universities) to sift, analyze, classify and make available the results of such research. It is the business of the educator to incorporate whatever may prove to bear definite human value from these studies into his work of moulding plastic character aright. It is the duty of men who have votes and of women who will have them, to see to it that no opportunist policy of "economy" shall stand in the way of the protection of society from those unfortunates who are a menace not only to the social order of today, but who threaten and actually poison the future of the state by breeding damaged goods.

There is perhaps no organized professional body to which the Eugenic idea and ideal should seem more worthy than yours, whose members by direct contact with that side of life which is sorriest, in hospital ward or grief-stricken home or behind a battle-line, realize the crying

need for more and more knowledge concerning any and all agencies that will work for the uplifting of mankind in mind and body. It is to you that the value of research in the field of human heredity should seem worthy without great argument not, indeed, as a panacea for all ills, but merely as one agency that merits serious consideration. It is not so easy to see the connection between the gathering of a family history and the treatment of epilepsy, as it is to note the effect of the bromides on the unstable nervous system as manifest in the reaction of muscle-fiber, but anyone who will steal a little time from his full hours to read the results of work already done, will not fail to see the connection and realize the value of such work.

There is now a clearing house in London for data bearing on human heredity and another at Cold Spring Harbor, Long Island, where Dr. Davenport and a corps of field workers and assistants are building up an institution that may some day stand out as one of national value. Here will be found a welcome for the smallest pedigree or family history of cataract, albinism, nervous affection, twinning, deaf-mutism, bodily peculiarity, and especially at the present time, of hare-lip and cleft palate which, as such a distinctly marked trait may throw much light on character segregation in heredity. Nor is there too great a fondness for the pathological as exclusive of the happier traits of mankind, and while records of wanderlust, periodic outbreaks of bad temper or eroticism, and the regiments of eccentricities which indicate an unstable nervous make-up are all gratefully received and utilized, there is still room for cases of musical or artistic or mathematical ability, family predilection for this trade or profession or that, stature, beauty, hair-color and hair-form, general bodily and mental energy, and all those outstanding peculiarities of mind and body that go to make up, in their sum total, that entity which we compactly christen *character*. No one man can use all this material alone, but it is essential that such data should be brought together, analyzed and classified and made available to the specialist who shall devote himself to some reasonably limited aspect of the problem as a whole.

Here, at the Eugenics Record Office will be found also a cordial willingness to extend all the resources that are on hand in the way of information or suggestion regarding hereditary matters and their relation to society and to the state. In this way the relation of Eugenics to the individual, and especially to the professional man or woman whose field is that of the welfare of the human mind and body, will be made apparent and, conscious of a spirit of coöperation and mutual aid in the struggle with increasingly complex problems, we may feel that to enter a region as yet almost unexplored is worth our while,

even though its worth-whileness be much more clearly manifest to those who shall come after us than to ourselves.

Out to a lonely mining camp in one of the jagged cañons of the Mexican Sierra Madre, a friend of mine once sent a book which turned my mind toward science and led me finally to become familiar with the small and modest start that has been made to formulate the science of Eugenics, which may indeed some day become of supreme importance to mankind. The memory of that book and of the days I spent in reading it on the mountain-side, comes back to me whenever the seemingly unsurmountable difficulties in the way of accomplishing anything clear cut and definite in Eugenics are brought before me by those who cannot see the woods because of the trees. The final paragraph of that book sums up so well the view point and attitude of mind that must be assumed by the upholder of any such idea and ideal as is embodied in the word Eugenics that I share it with you now:

Hereafter the highest ambition of the beneficent will be to have a share, even though an utterly inappreciable and unknown share, in the making of man, the further evolution of humanity. While contemplating from the heights of thought that far-off life of the race never to be enjoyed by them, but only by a remote posterity, they will feel a calm pleasure in the consciousness of having aided and advanced toward it.

That is the spirit of Eugenics: the study of agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally. The rest is detail of method and operation, hard, conscientious and pioneer work done in the faith that the best is yet to be.

## TWO EXPERIENCES IN PRIVATE DUTY NURSING

By LILLIAN C. CLARKE

*Coburg, Canada*

A short time ago I received a call from a doctor for whom I had nursed several cases, asking me to take a case for him in a small country hotel. The patient was an old lady of seventy-six, suffering from a slight cerebral hemorrhage. On my arrival I learned that the proprietress of the hotel had a great aversion to "trained nurses." She greeted me by saying that she wanted me to understand that she had no one there to wait on a trained nurse and that she knew what a nuisance they were; that she didn't intend to let any of the maids do anything for me.

I told her I was quite capable of waiting on myself and that I would try not to interfere with the smooth running of the house. I found my patient very nervous and restless, with one of these so-called "practical nurses" waiting on her. By the way this woman had not touched the patient's hair for six days and it was in a perfect mat, which took hours to comb out by doing a little at a time so as not to tire the patient.

After the departure of this woman I proceeded to change the bed, which was soiled, and gave the patient a warm sponge followed by an alcohol rub, which had a very soothing effect. In a short time she was asleep and had the best night she had had for a week.

The next day my troubles commenced in earnest. I had to carry every drop of water I used for the patient or myself from the pump downstairs. There was no bathroom in the house. The maid brought all the water to the other rooms but was not allowed to come near ours. I had to go to the kitchen to cook all the patient's meals, which was very unpleasant considering the fact that I did not know where anything was and if I asked for anything I could not find, it was given to me very ungraciously. One evening I asked for a glass of milk. I was told if it was for my patient I could have it but if for myself they had none. It was for my patient, so it was given me.

There were no sleeping accommodations for a nurse in my patient's room and the proprietress said that she would not put in another bed but if I wished to take the room adjoining, which had a door between, I might do so. She also informed me that a woman had been murdered in that room two years before. Notwithstanding the possibility of the murdered woman's ghost appearing I took the room and slept very comfortably.

The laundry was the next grievance. The woman refused to give me a change of bedding oftener than once a week. When I tried to explain that linen needed to be changed oftener than that during sickness she said I would have to get it elsewhere. My patient had to secure some from her friends. I was polite and courteous to this woman through it all and when she found that I gave her very little trouble, after all, she seemed to be ashamed of herself and tried to be nice to me. There was one compensation: the hotel was spotlessly clean and the food was excellent. Some of my friends thought that I would have been perfectly justified in leaving such a case, but as we were always taught in our hospital not to consider our own feelings in a case of that kind but to place the patient's first, I decided to stay. The doctor was very much annoyed at the treatment I received but asked me to stay if I possibly could.



I think that I left the proprietress of the hotel with the impression that "trained nurses" are not such dreadful creatures after all. My patient recovered and is going to move to another hotel.

Another country experience was with a typhoid patient, in fact two. The call came to go out into the country, three miles from a small town to the loneliest spot I had ever seen. The house was down in a little valley, nearly a mile from the nearest neighbor. To my great surprise, when I arrived at the house, I found two patients instead of one, father and son. The father's case was very severe. He had had a cerebral hemorrhage the day before I arrived and his left side was completely paralyzed. He was very delirious and was unable to speak. The son, twelve years old, was in the next room. His case was much milder. The wife of this man had been nursing the two patients, milking eight cows twice a day and attending to the farm all alone. She was nearly exhausted and could get no sleep. The delirious patient could not be left alone, of course, and from the time I arrived on Wednesday noon until Saturday night, I did not have my clothes off and I slept only four hours. They said that they thought nurses were trained to do without sleep. I protested, so they engaged one of those "practical nurses" who go about the country, to relieve me. When she came to the door and saw the patient raving in delirium, she ran down stairs and would not come near the room again. The doctor decided that she had better do the work and let the wife relieve me. So we got along better after that.

There were no conveniences of any kind on the place. We had to boil the water in a square cake tin, having no kettle or sauce pan of any kind. There were only six sheets in the house for the two patients and the rest of us. I decided to sleep on some old quilts, when I did get a chance to sleep. The father had incontinence and the mattress had been soaked through several times before I arrived. I insisted upon getting a mackintosh to protect the bed. The wife objected but I insisted and gained my point.

After several days of delirium, the patient sank into a state of coma. He was very much cyanosed and cold. There were no hot water bottles, of course, except the one I carried, so I filled glass fruit jars with hot water, screwed the tops on securely, rolled them in an old flannel and placed them around the patient. The doctor improvised a splendid heating apparatus of stove pipes and a coal oil lamp. I pass the suggestion on to other nurses as an excellent thing. Get a stove pipe elbow and one straight length, put them together, place the lighted lamp on the floor near the bed, place the curved end of the pipe over

the lamp chimney and the straight end of the pipe under the bed clothes. This gives a good heat and soon warms the patient. We worked very hard over this man but we could not save him. The little boy made a splendid recovery. After the man died I told his wife that the mattress must be burned. She objected very strenuously. "Why," she said, "I paid \$4 for that mattress only a few months ago." I explained that if she used it again it might cost her hundreds of dollars. After a great deal of talking and after explaining to her the dangers of typhoid, she decided to burn the mattress but grieved greatly over the loss.

### THE ADMINISTRATION OF MEDICINES

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(Continued from page 385)

### THE ADMINISTRATION OF ALKALIES AND ALKALINE SALTS

The remedies usually classified in this group are such substances as the salts of sodium, like sodium bicarbonate, the salts of potassium and magnesium and the salts of calcium such as lime water and others.

Any of these salts may be given for their local effect or for absorption. Thus, sodium bicarbonate may be given to combine with the excessive acid in the stomach, or it may be given for absorption, in diabetes for instance, to neutralize the acids circulating in the blood which may be threatening diabetic coma. Calcium salts, too, may be given in the form of lime water merely as an antacid, or in the form of calcium lactate for absorption, to increase the coagulability of the blood.

The method of administration of such substances varies with the desired effect. When only a local effect in the stomach is desired, the alkalies and their salts should be given so as to avoid absorption; thereby increasing the chemical combination of alkali and acid in the stomach. To produce this effect the alkalies should be given immediately after meals in a small quantity of an albuminous fluid like milk. In such a fluid very little dissociation of the salt will take place, the absorption will be minimized, and since after meals there is a large amount of acid present in the stomach it will readily combine with the alkalies or their salts.

When, however, these salts are given for absorption it is essential that they be readily dissociated into their ions. In this way absorption and subsequent chemical action is enhanced. This effect will be

produced more readily if the alkaline salts are given before or between meals in a large quantity (in about one or two tumblerfuls) of water, since water is the best dissociant.

While discussing the alkalies it is interesting to note an error which is often made in the preparation of sterile solutions of sodium bicarbonate, for intravenous use. In most hospitals these solutions are prepared by first dissolving the sodium bicarbonate in distilled water and then sterilizing the solution in the autoclave. The sodium bicarbonate, however, becomes decomposed when it is brought to the boiling point so that such a sterile solution is relatively inactive as regards the sodium bicarbonate. It is better to prepare the necessary quantities of sodium bicarbonate in small packages which should then be sterilized by dry heat of 60°C. on three successive days. The sodium bicarbonate can then be added to the necessary amount of sterile, distilled water at the time the solution is needed.

#### THE ADMINISTRATION OF INORGANIC SALTS

The remedies usually grouped under this heading are the saline cathartics and the metallic salts.<sup>1</sup> Since a different effect is desired from each of these groups, we shall discuss their administration separately.

*Saline Cathartics.* The saline cathartics are given to induce frequent, watery movements of the bowels (cathartic action), or to increase the flow of urine ((diuretic action). The method of giving the salts will vary according to whether we desire the first or the second of these effects. To produce catharsis we should try to avoid absorption of the salt, while for diuretic action we should try to increase absorption.

We can classify all salt solutions (no matter what salt they contain) in the following way:

(1) *Isotonic*—containing the same percentage as the blood. (2) *Hypertonic*—containing a greater percentage than the blood. (3) *Hypotonic*—containing a smaller percentage than the blood.

For practical purposes we shall consider only the hypertonic and hypotonic solutions.

The effects of hypertonic and hypotonic will differ only in that the hypotonic solution will increase the flow of urine more. The method of production of the effect, however, is different.

Let us consider for a moment what happens to any of the inorganic salts after they enter the stomach or intestines. When the salts are given in a concentrated form, so that a hypertonic solution is formed, the salt will withdraw fluid from the intestines by the force of osmosis

<sup>1</sup> See author's *Materia Medica for Nurses* for salt action and saline cathartics.

and thus indirectly from the tissues, until the solution becomes isotonic. The intestines now contain an excessive amount of fluid which distends them, in this way causing peristalsis and frequent watery movements of the bowels. Since the hypertonic solution is relatively concentrated, there is very little absorption of the salt and therefore very little diuresis can occur.

When, however, the salts are given in a large quantity of a fluid such as water, so that a hypotonic solution is formed, the solution serves only to distend the intestine and cause movements of the bowels. In such a solution, however, since it is very dilute, there will be considerable dissociation of the salt (according to principles laid down in a previous article) and therefore considerable absorption. The salt will then increase the flow of urine as it is excreted by the kidneys.

From the foregoing principles we can readily see that *salts, when given only for their cathartic effect should be given concentrated*, that is, in as small a quantity of fluid as the patient can palatably take, best in the morning when the stomach is empty; thus aiding osmosis and lessening dissociation and absorption. Fluid preparations of the salts should be given concentrated, without any water added.

When salts are given to increase the flow of urine, in addition to their cathartic action they should be given as a hypotonic solution, *in a large quantity of water* (in about one or two tumblerfuls in the morning on an empty stomach). In this way the dissociation and absorption of the salt is enhanced, and therefore its diuretic action. Only part of the salt, however, will be absorbed, but a sufficient quantity to produce diuresis.

#### METALLIC SALTS

The salts of the various metals are rarely given to produce a general effect after absorption, with the exception of the salts of mercury, iron, arsenic and lead. They are principally given for their local, astringent effect on mucous membranes.

It is well known that the metallic salts dissociate rapidly into their ions and they should therefore be readily absorbed; but we know that they are practically not absorbed at all. This is due to the fact that as soon as the metallic salts dissociate into their ions, the metal ions combine at once with the albumins of whatever cells they come in contact. This chemical combination, if it takes place to any degree, will injure (irritate) the cells. This irritation is frequently seen in the symptoms of metallic poisoning, vomiting, diarrhoea, etc. The albuminate of the metal formed by the combination of metal and cell is not absorbed unless this substance is soluble in the excess of albuminous fluid in

which the cells of the body are continually bathed. Some compounds of albumin and metal, such as compounds of mercury, iron, arsenic, lead, etc., are soluble in an excess of albumin and they are then absorbed. Most metallic albumin compounds, however, are absorbed to a very slight degree if at all.

In administering any of the metallic salts, whether they be given for their local or general effect we should only try to avoid their injurious (irritating) effect upon the cells. This is best accomplished by giving these substances in a fluid like milk, the albumin of which readily combines with the metal and lessens the injury to the cells of the mucous membranes, usually produced by the rapid combination with the metal. Many albuminous preparations such as argyrol, protargol, etc., are on the market and have been found better than the ordinary silver preparations for this reason. In giving preparations like mercury, iron or arsenic salts, which are readily absorbed, it is perhaps better to give them in a larger quantity of milk so as to increase absorption.

The administration of metallic salts in milk both for local and general effects paradoxically accomplishes two different purposes. Practically only those metallic salts are given for local effects, that are not readily absorbed. Giving such preparations in milk avoids the injury (irritation) to the cells, produced by the combination of metal and cell albumin, since the metal reaches the cell already combined with the albumin of the milk. In the milk, too, very little dissociation takes place and therefore the absorption of the metal is lessened.

When substances like mercury or arsenic salts which are readily absorbed, are given in milk the combination of the metals with the albumin of the milk are substances which are readily dissolved in the albuminous fluids of the cells and tissues and are therefore more easily absorbed. The absorption can possibly be increased by giving the salt in a larger quantity of milk.

*(To be continued)*



THE VALUE OF SPECIALIZING IN THE CARE OF SICK BABIES<sup>1</sup>

BY MARION B. CHALMERS, R.N.

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A specialist is usually regarded as one who knows more about his particular line of work than a general practitioner. If this is true in the practice of medicine, it is equally so in the practice of nursing.

There are many advantages to be considered in taking a post-graduate course. Every nurse is especially adapted to some particular phase of the work, be it surgery, fever nursing, obstetrics or the care of sick children, and in choosing to specialize in the last mentioned, which I esteem most vital because of its relation to the coming generation, an essential quality is fondness for children. A nurse may be well versed in knowledge but if she does not make herself acceptable to the child, she cannot hope to obtain good results.

A sick baby is indeed a problem. Our three years' preparation in hospital training schools is insufficient to cope with this situation; hence the value of special instruction. Every minute of the time devoted to study will be multiplied many times in the advantages it brings to us. In specializing in the care of sick babies, I refer especially to the digestive diseases, viz., cholera infantum, enterocolitis, dysentery, malnutrition, etc. These mow down our babies summer after summer, increasing infant mortality. Considering that these diseases are largely preventable, what an important field this is to choose in which to specialize!

A nurse who has spent several weeks or months in special study and observation is of far greater value to the physician and the family than one who has not. The physician will trust her implicitly to fulfil his orders and feels that he has a most able assistant in combating these dread diseases. Then the distracted mother of a sick baby will bend every effort to secure the services of a nurse who has prepared herself especially for this particular line of work, having confidence in her ability and will be glad to coöperate with her in anything that she may suggest.

Knowledge will enable the nurse to prevent disease. Discrepancies in the methods of care and feeding of babies, poor and dirty milk, some of the proprietary foods and bad hygiene in clothing and general sanitation, are largely responsible for these summer troubles. A great

<sup>1</sup> Read at a meeting of the Ohio State Nurses' Association, Dayton, Ohio, October, 1914.

many nursing mothers are eager for advice regarding a suitable diet to stimulate lactation. If we are capable of giving the necessary advice, then we can feel that we have accomplished something worth while. The artificially-fed babies are the ones who suffer.

The digestion is best observed by the character of the stools and if we know the cause of their abnormality in color and consistency (why green, or why curds are present, whether due to excess in fat or proteid, or why mucus predominates, etc.), then we are better qualified to remove the cause and in this way prevent acute indigestion which is a forerunner of disease.

Our first lesson to be learned is that each child is a law unto himself. Careful consideration must be given in choosing the food that will agree with him and keep him well. We must be ready to investigate the source of supply and the quality of milk produced, instructing mothers how to modify it intelligently, if necessary. The clothing of the baby should be regulated according to the temperature of the climate in which he lives. Fresh air is also a prime factor in keeping him well. The foregoing may be classed as preventive work. With the coöperation of the mothers, fathers and relatives, many babies will escape these diseases and be granted their God-given right to live.

It is of great value to a nurse to specialize. Her mental vision is enlarged and her powers of absorption are increased, no matter what phase of the work she has chosen. In the care of sick babies, she will be more keen to detect symptoms and capable to combat disease successfully. The temperature, pulse, respiration, general condition, expression, evacuations (their character and frequency), vomitus (character, frequency and quantity), irritations to mucous membrane and skin, all demand the closest attention. While medicines prescribed are given according to directions, the treatment given by the nurse is considered of just as great importance. The temperature may be controlled by sponging and the right kind of irrigations. The first measure usually prescribed is a dose of castor oil and abstinence from all food, to rid the system of the cause of poisonous absorption. Sterile water is given freely.

During the early stages, colonic irrigations are considered of great value if administered in the proper way. The baby is placed on a table with a pad under the buttocks to elevate the hips. The bag or can is suspended not more than three feet above the baby to give the requisite force to the water. An irrigation is a *gentle* washing out of the bowels, so to speak. The soft rubber catheter is oiled and inserted four or five inches and the water permitted to flow in for a few minutes, then the tube is disconnected, allowing the water to flow out.

This treatment is repeated until the water flows clear. The quantity of water given is from one to two pints. Normal salt solution is universally used because of its stimulating and cleansing action. If hemorrhage is present, then tannic acid, fluid extract of witch-hazel and other styptics are prescribed. The solution is usually given at body temperature. Cold irrigations might cause a shock to the nervous system and hot irrigations, unless the patient is in a state of collapse, produce exhaustion. I have seen an irrigation at a temperature of 110° F. given by a capable physician to a baby having a subnormal temperature of 94° rectal and the reaction was marvelous. Great care should be exercised in the insertion of the catheter, especially if tenesmus is pronounced. A hasty or rough insertion might irritate the already inflamed mucous membrane of the rectum.

Usually with diseases of this character we have excoriated buttocks to watch. Many are the treatments advocated, each having its own merits but the use of olive oil, zinc oxide and white vaseline with bismuth, seem to relieve the irritation more speedily than any other treatments I have used.

We also have to be on the alert to detect and treat the sore mouth which so frequently accompanies these diseases. Although we know that it is the result of inflammation in the stomach and bowels, great care should be exercised in extreme cleanliness of everything that is placed in the baby's mouth, and also in the manner of treatment.

Should a convulsion occur, which is not at all unlikely in the beginning of these troubles, we should be ready to meet this emergency with a cool head, a skillful hand and an attitude that will inspire the parents with confidence and hope.

The diet is of extreme importance. After the first twenty-four hours, either barley or rice water is given and continued until the mucous condition of the stools is improved. Mucus in the stool and vomitus is indicative of great irritation and inflammation, due to fermentation and poisonous absorption; and the suspension of food will alleviate these conditions and prove beneficial in combating disease. The cereal waters or thin gruels contain a small amount of nourishment but one must exercise good judgment in their use as edematous symptoms may be produced by their prolonged usage. I saw a baby this summer, nine months old, who had been kept on rice-water for seventy-two hours, and the result was an acute edema of the face, hands, legs and feet. Within forty-eight hours after discontinuing the rice-water, the edema had entirely disappeared. Following the cereal waters, the various modifications of skim-milk, peptonized milk, whey and other foods, prescribed by the different physicians, are continued

until the stools become normal. Pasteurization of the cow's milk is considered a safeguard in destroying the bacilli, which predispose the child to disease and relapse. I have had an opportunity to test the merits of protein milk, also known as Finkelstein and casein milk, in three cases this summer and believe that it is a God-send to the babies.

The first case was a baby seven weeks old, ill with cholera infantum. Evacuations were light green mucus, foul smelling and numbering eighteen to twenty-four per day. The temperature ranged from 101° to 103°. The body was emaciated, with depressed fontanelle, sunken eyes and distended abdomen. After being ill a week, he was started on protein milk and within thirty-six hours evacuations were normal. The baby gained a pound in ten days.

Another, a case of enterocolites, had been ill four months and during that time all food given passed through the child undigested. He was six months old, emaciated and exhausted. After a few days, the stools, which had been all colors and consistencies, foul smelling and mucous, became homogeneous, yellow, without mucus and odor, and this baby gained a pound and seven ounces in four weeks.

The third case was a baby four months' old, ill with enterocolites. She had been ill two weeks and could not digest any of the food given her. The stools were mucous. She improved rapidly, the stools becoming normal in a few days. She gained two pounds and four ounces in four weeks. These results speak for themselves.

Fresh air is very important during these diseases as well as during convalescence. Keeping the baby quiet and free from excitement are also beneficial in the work of recovery.

What a wonderful satisfaction it is to a nurse to have a part in battling for these little lives and to conquer! Great is the victory! Her anxiety and hard work earn their just compensation *which is not salary*. Specializing in the care of sick babies is of great value. Efficiency is a most valuable asset. With her knowledge of means and with skillful application of them, the efficient nurse is assured of good results which spell success.

### THE LITTLE WHITE CITY ON THE HILL

By MARY ELLEN KERSHAW, R.N.

*San Diego, California*

After weary waiting, threatened with starvation, Father Junipera Serra, with his handful of followers, just on the eve of giving up all hope of relief, went up on the hill and, far out at sea, discovered a sail,

a ship making for land. Imagine their joy as they watched the boat round the point, now known the world over as Point Loma. On, on she glided into beautiful San Diego Bay.

On a side hill in Old Town they built their "presidio," or fort, "to protect themselves on both sides from invasion by the Indians." It was on the sixteenth of July, 1769, that Father Junipera Serra succeeded in dedicating his church, "this being the real birthday of San Diego, therefore the birth-place of civilization of the western United States." On the state highway, called in those days the King's Highway, this little church with its bells from Spain in the door-yard is still standing. It has been preserved by enclosing it in framework.

A short distance away is Ramona's marriage place. It is a quadrangle with a quaint, beautiful, antique garden covering most of the enclosed ground. The original dwelling rooms and chapel occupy about one-third of the walled-in space. A few miles in from the bay, now known as Mission Valley, the good Father placed his first mission, the first of the chain which reached to San Francisco.

Modern San Diego is built on hills and to avoid the tiresome climb, the road into the center of the city winds around them. No matter where one goes, north, south, east or west, when one reaches an elevation the whole panorama is unfolded; the bay in front with the Coronado Islands out in the Pacific and on the left, the mountains many miles away in Mexico.

As one faces the rising sun the Cuyamaca Mountains, all aglow with purple haze, brighten as Old Sol makes his ascent and peeps at one over their summits: the light becomes golden and the air is warmed; one is glad to be alive.

A short distance from the center of the town is beautiful Balboa Park, which was waste land just four short years ago and is now covered with trees of every description, from every clime, from every country. Standing on Cabrillo Bridge just about half way through the Park, one can look down into the cañon and there see palms, holly, pepper, acacia, and northern pine trees, with banana and live oak, vying with each other in beauty. This bridge leads to the Little White City on the Hill, a beautiful place for one to rest and recreate. An electroquette, a reed chair run by electricity, may be rented before one crosses the bridge and one may go where one likes without walking.

In a ride through the Prado, bordered by acacias, one passes several squares, the most beautiful one is the Plaza de Panama. At the extreme right one may enjoy the recitals on the beautiful open air organ; at the other end in one corner, the band, its members dressed in Spanish costume, renders exquisite Spanish airs. On the turret of one of



the white buildings lives a flock of friendly doves who apparently love the music for when La Paloma is played they cannot resist but circle about almost in time to the strain, cooing as they fly.

As one rides on, she cannot refrain from expressing the pleasure she feels in seeing the cool pools and the tropical plants in front of the Botanical Building. If refreshment and rest are needed, the quaint Japanese Tea House is waiting near by with its doors wide open. Farther on, beyond the citrus ranch, is the Isthmus, the inevitable place of jollity and fun.

Again crossing the Prado one finds among the pepper trees the haven of quiet and rest for any who are overcome by the crowd or by sickness. The little white mission building is finely equipped for any emergency and during the erection of the exposition buildings has given aid to any of the employees who required it. The head nurse, a graduate of Agnew Hospital of San Diego, takes pride in saying that they have had twenty major operations, among them a case of trephining. There have been also a number of minor cases and dressings. The medical work was also of interest, as typhoid and pneumonia were on the list.

In the hospital office are kept the X-ray and pulmotor; next is the surgery ready for any emergency, then the two wards, one for men and the other for women, with five beds in each. Behind all this, overlooking the picnic grounds, are suites for nurses and matrons.

Those who live in San Diego or the surrounding country are looking forward to the good times they may have in the spring and summer when other places are rainy and dreary or the other extreme, sultry and dry. There will always be air stirring on this hill-top, among the beautiful white buildings of this bit of Spain, "Nueros Espanol," as it has been called.

You who are weary and sore oppressed, come see what comfort can be found, come share in the enjoyment of this wonderful out-of-doors, this sunny, southern California.

## NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

An ex-senior surgeon of Guy's Hospital, London, writing of his son at the front, a motor-cyclist dispatch carrier in the Royal Engineers Signal Company, says, "The General wanted to know whether certain bridges were intact, as the English had retreated across them and a hospital needing supplies had been left on the other side. Volunteers were called for and C. was 'lucky enough to get the job,' as he expressed it. He rode three miles into the German lines and returned unhurt, bringing the required information." When he was wounded, he was waiting for a written order. His colonel suggested that they should go to a cottage near by as shells were falling about them. He turned to bring his motor cycle when a shell exploded, destroying the cottage and killing the colonel. He mounted his cycle but was unable to start it on account of the wound in his leg. Some men shoved it off and he rode five miles to headquarters to convey verbally the message the colonel had not had time to write.

Mlle. Jeanne Perichon, a French Red Cross nurse, has been awarded the Order of Leopold for bravery under fire.

A Belgian regiment, the Seventh, which fought at Liège in the early days of August and is still in the field, has a dog team post. The wonderfully trained animals draw lightly built carts, one train following another in a column, never attempting to break away. One dog, which had been wounded, had his head wrapped in a huge bandage. He responded to the words of encouragement by wagging his stump of a tail and straining at his cord traces. These dogs know their work well and seem to perform it with a sense of duty.

A French nurse, taken prisoner with her ambulance near Sedan, was accused of being a spy and threatened with execution. She appealed to the Kaiser and was taken before him. After a monologue against the enemies of Germany he ordered her to be set at liberty, adjuring her to repeat all that he had said to her.

The home of Prince Lichnowsky, late German ambassador to England, which is in Silesia, has been turned into a Red Cross Hospital.

Water beds for the use of the seriously wounded are asked for by the Women's Hospital Corps, for their military base hospital at Wimereux, Boulogne.

The women of Canada raised \$282,857.77 as a fund to provide a hospital ship. It was later decided, as the ship was not immediately needed, to give \$182,857 to the Canadian Women's Hospital at Haslar, near Portsmouth, and the remainder to the British War Office for military hospital purposes.

King Alphonso of Spain has given \$2000 to a fund that is being raised in Madrid for the suffering Belgians.

Queen Mary of England has established a fund to provide work for women out of employment. Many centers have been opened in London. Garments are cut over for children, infants' clothes are made to be distributed to those unable to buy them. Ottomans made from packing cases and mats knitted by the work women are sent to homes for Belgian refugees.

The British Red Cross Hospital at Netley, England, reports that a number of Indian soldiers lost their puggarees during their transit from the front to the hospital. They did not approve of the head-gear provided as a substitute for their wonderful head-dress. Queen Alexandra, the Queen Mother, sent 400 yards of lawn to replace the missing puggarees. The Indians begged the nurses to wrap the gifts in paper so that they might keep them to take back to India as mementoes of the Queen Mother.

During the visit of King George V of England to his army at the front he met King Albert of Belgium in the only corner of that brave monarch's kingdom that remains to him and conferred upon him the ancient order of the Garter, founded by King Edward III in 1344. Queen Elizabeth was present at the investiture.

A Red Cross volunteer nurse, attached to a large hospital in England, sends a description of her work:

In my ward there are 20 wounded soldiers, Belgian and British. To look after them are two Red Cross nurses, myself and another, and a little, rosy-cheeked probationer, very clever and willing. There are four wards on one floor with one Sister, a splendid nurse, in charge of them all, and ward nurses who do all the dressings, give medicine, etc., helped by us. The duties of the Red Cross

nurses on my shift are to see that the patients have all they want; to prepare and give them their teas, feeding them if necessary; to make every bed and wash every patient who can not wash himself, blanket bathing a certain number each night and attending to all the backs, heels and elbows of the helpless ones. After that we give them their suppers, soup or cocoa, and bread and butter. When lights are turned off we are very ready to go home and rest. On Thursday morning we received a telegram to make ready for 70 wounded to arrive that evening. Everything was in readiness, extra trained nurses and orderlies were there, as sometimes the work is simply appalling. We waited until 9 o'clock at night, when another telegram came saying that it was so rough and squally that they dared not land the wounded. Next day they arrived. They were not such terrible cases this time as they had been in some of the hospitals at the front. They had been cleaned and bound up properly, poor fellows. More often they come straight from the trenches, covered with mud and blood with only sort of first aid dressings on their wounds. I think that one thing which helps to save the dear boys is their wonderful spirit. They are in a state of wild enthusiasm and excitement that nothing seems to quell. Pity is what our men cannot stand. When their wounds are being dressed and the pain is almost too great to bear, they chaff the nurses or clench their teeth and sit tight. The Belgians are a gentler, quieter set of men. Their high spirits alternate with fits of terrible depression, when they sob and cry like children, and no wonder.

Another letter from a surgeon says that the chief craving of the poor Belgians is for news of their scattered families, which is impossible to obtain.

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A new Canadian base hospital is being established on the Thames at Cliveden, the estate of William Waldorf Astor, who has most generously spent \$15,000 in preparing it. The hospital was opened with 125 beds, which it is expected ultimately to increase to 1000. A staff of Canadian nurses has been sent from Canada to serve in it.

Sir Frederick Treves, one of the most eminent of English surgeons, speaking before the Royal Society of Arts, said that the results achieved by inoculation against typhoid fever in the British expeditionary force have been positively astounding. Since the war began, there have only been 212 cases, of which 173 have been among those who had not been inoculated. There have been 21 deaths, not a single one of which was of those inoculated. Among the 22,434 Canadian soldiers vaccinated at the Valcartier camp, only 22 had symptoms more serious than the usual malaise and headache.

## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service*

### EUROPEAN SERVICE

Since our report of last month we have additional evidence of the need of our units in the various countries where they are now located.

Servian units No. 2 and No. 3, which sailed from New York in November are now at work in the southern part of Servia and the first letter from that point has just been received. They have been assigned temporarily to a tobacco factory wholly unfitted for the care of the sick, but Miss Krueger reports that the entire day is spent in the dressing of wounds and in the care of medical cases which unfortunately are beginning to develop. There is still need of surgical dressings although tons have been shipped from America.

The six months' period of service for which enrolled nurses agreed to serve having expired, those who wish to return will be relieved and, where necessary, others will be sent to replace them. In making the selection of these nurses it has been possible in nearly every instance to send some one speaking the language of the country to which she is assigned.

On February 20, nine nurses sailed on the *S. S. Rochambeau* for France to be assigned to service at a military hospital at Yvetôt, with Dr. Ralph Fitch, a well known surgeon of Rochester, New York, who has been at this hospital for some time. In selecting the nurses for this unit every effort has been made to secure those speaking French, regardless of the locality from which they came, and with few exceptions they have a working knowledge of French and many have lived abroad at one time or other.

### ITEMS

The Kanawha County Nurses' Association made a number of warm sacques and bed socks to be sent to the units now abroad and these were forwarded at once to a unit for distribution.

The Buffalo Alumnae Association of Nurses made up packages to go to the unit to which Buffalo enrolled nurses were attached. Letters from the members of this unit, stationed at Paignton, England, speak



of the good times they had opening the packets of garments and other useful articles which reached them in time for Christmas. The generous allowance of candy was especially liked and was distributed among the sisters of the two units at this hospital.

In addition to the assistance of our personnel assigned to duty in the warring countries, the Red Cross has sent large quantities of supplies to each country, including gauze, cotton and bandages, drugs, serums, etc., as well as great quantities of hospital garments.

Our services were recently requested by the Chief of the Bureau of Insular Affairs in the interest of a Filipino girl, a graduate of the Manila General Hospital, who had recently come to this country in the hope of securing additional training in order to be of service to her own people. Through Dr. Stella M. Taylor and the board of directors of the New England Hospital for Women and Children, she has just been admitted to that school for a post-graduate course.

The Queen of Greece has recently placed a Greek girl at a Philadelphia Hospital for training to fit her to organize nursing schools in Greece on her return. The Queen has asked the chairman of the National Committee on Red Cross Nursing Service to arrange for any additional training, after her course at the Philadelphia hospital is completed, that is necessary to fit her for this work.

Dora E. Thompson, Superintendent of the Army Nurse Corps, has been appointed a member of the National Committee on Red Cross Nursing Service to fill the vacancy made by the death of Isabel McIsaac.

#### TOWN AND COUNTRY NURSING SERVICE

By FANNIE F. CLEMENT, R.N.

Just how far the European war is responsible for the financial depression in our own country would be difficult to determine, yet it certainly is blamed for a great deal. Considering the frequency with which we hear of philanthropic and commercial agencies accrediting their present status to the war conditions, it is not surprising that inquiry is often made as to how the visiting nursing service of the Red Cross is being affected. Some persons seem to be under the impression that since one hundred and fifty nurses have gone to Europe, there will be a dearth of visiting nurses for rural service. On the other hand, there are those who think that because money is so scarce, new nursing organizations will not be started and many of those already established cannot be continued.

Quite contrary to these misapprehensions, there has never been a time, since the organization of the Town and Country Nursing Service

in 1912, when so great an interest in rural nursing on the part of the nurses has been expressed as in the past few months, or when there have been so many calls for the Red Cross visiting nurse by communities. Since the beginning of the war, a constantly increasing number of rural organizations are being planned and in no instance has the work of an affiliated organization had to be given up because of financial reasons. In a section of the south where the economic conditions affected by the cotton situation has led to serious curtailment of expenditures in many directions, the Nursing Committee, which utilizes both public and private funds, at a recent meeting voted unanimously that the visiting nurse service, in spite of the depression, must and would be continued another year.

The visiting nurse in a city association is one of a number that represent a system of public health work. If expenses are curtailed, even by dropping one or two nurses, the work would still go on. On the other hand, the rural nurse is the only worker, as a general rule, and if she goes, the entire work disappears with her and small communities are loathe to dispense with it altogether when once its value has been well demonstrated.

Many nurses have expressed a desire to take the four months' course offered by Teachers College in conjunction with Henry Street Settlement and the New York City Department of Health. Those who were unable to enter the course which began last February should start early in making their preparations for the summer course which begins in July and which may be supplemented by field work in various branches of public health nursing in the city. The increasing realization on the part of nurses that a special preparation in public health nursing is necessary before entering this field is evidenced by the growing number of nurses who are planning to obtain this preparation in the large visiting nurse centers of the country where the best opportunities for it are afforded.

Southern nurses now have the promise of a training center in rural nursing in Tennessee. An endowment fund of \$100,000 is to be raised by the Country Life Committee of the Woman's Department of the National Civic Federation as a memorial to Mrs. Woodrow Wilson. This will be used to endow a chair in rural nursing at Peabody College for Teachers at Nashville, Tenn. This college has recently been re-organized and through its School for Country Life will undoubtedly become an important center for the education of leaders in country life activities among whom the college has already recognized the rural nurse.

A traveling library has been started by the Town and Country

Nursing Service which includes books and pamphlets upon economic and social questions and such current topics as concern the work of visiting nurses. Red Cross visiting nurses are at liberty to use this library, meeting the expense of parcel postage in returning the books to Washington. Books on School Nursing and others pertaining to the child appear to be much in demand. Several special contributions have been made toward the library fund by generous friends and the library will receive additions continuously, thus increasing its value as a source of both pleasure and profit to visiting nurses in the smaller



SCENE FROM THE MOVING PICTURE OF THE TOWN AND COUNTRY NURSING SERVICE

towns and rural districts, who do not have easy access to large city libraries.

A moving picture showing the activities of a Red Cross visiting nurse was taken last summer. The nurse employed by an affiliated organization in Laurel, Maryland, was the leading lady and acted her part most commendably. The picture will be shown with the Red Cross exhibit at the San Francisco Exposition, which opened last month, and will be available later for nurses' meetings as well as for general use in stimulating towns and rural districts to establish this form of community service. Thus nurses who do not attend the Exposition may have opportunity to see the film elsewhere.

## FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

### ITEMS

With the word that Mrs. Fenwick cannot leave England next spring and that Japan cannot send any colleague to San Francisco because of the war nursing, disappears the last probability of any foreign visitors to the San Francisco meetings.

With this terrible and inhuman war growing worse and worse, it is indeed no time for joyous gatherings, and in all probability the International Council of Nurses will not meet again until the next regular period, 1918, when the Danish Council of Nurses proffer an invitation to meet in Copenhagen, which they had formally given in Cologne, and which was then received with general satisfaction and pleasure.

Mrs. Fenwick and Miss Breay are more burdened than ever, since the war began, by the need of efforts to protect a reasonable standard of nursing for the emergency hospitals. The daily papers are full of items relating to the craze of society girls and women for work at the "front," so it is needless for us here to explain what nurses are contending against. One thing, however, may be said again, namely, that the Red Cross Societies of some foreign countries (we do not say all, but some), are simply close corporations of sensation-loving women of the leisure classes, designed to give them the great game of glory-hunting, as war gives men of their class the most exciting game on earth.

Because the Red Cross so often becomes a merely theatrical pageant, and its motive power is so frequently seen to be a purely unquestioning, wholly subservient worship of militarism and militaristic ideals, a feeling of deep disapprobation and revolt against it is arising in the minds of women, even some nurses, who see war as organized murder, and the militaristic spirit as the enemy of humanity. The new ideal is a revolt against war as war, and the Red Cross now no longer expresses this idea, but rather helps to keep alive the glorification of war and adulation of the soldier as soldier, though as plain working man in mine, factory, or trade, the same soldier becomes a creature ignored, forgotten, even despised. Because of this perception that the idealizing and glorifying of war tends to keep war alive, and that the best way to discredit it is to strip off its false glamour and let it be named and ab-

horred for what it is, many women today refuse to contribute to the Red Cross. Indeed, it may be said that this attitude is generally taken by women who clearly see the futility of mere works of aid and are heartsick of them, looking further to ways of preventing at their source such horrors as are now scourging men for their short sight and selfishness.

Hon. Albinia Brodrick, writing in *The Clarion* of January 1, under the heading, "A Call to the Wives and Mothers of Our Soldiers," says:

Many of you have given of your best and dearest to the service of the country at this terrible time. We all know, although we never *can* know fully, thank heaven, how our men are suffering in their gallant fight for us at home, and in defence of the right.

Week after week there come to us those ships and trains, bringing with them their sorrowful burden of sick and wounded, of maimed and blinded heroes. Some few they bring—the rest lie in peace in their unnamed graves.

They have given their all for us. What have we done, what are we doing for them?

Let every woman, and especially every working woman—for the huge majority of our soldiers are drawn from amongst those of us who toil—ask herself this question: *Have we done, are we doing, all that we ought for the men that belong to us out at the front, or sick and wounded at home?*

Well, I am going to give you the answer to that in the words of one of the wounded men:

"If I had been handled by a trained nurse my poor leg would not have been in this mess. It was all along of a Red Cross miss dragging off my trousers, instead of slitting them up. I know that much. What do they take us for?"

Oh, women, are you going to let this go on, this mangling of our wounded, this giving them over to the care of girls who know nothing, who go off gaily for the excitement and the fun—as one of our doctors has said, "half-baked amateurs" seeking for "tinsel glory?"

Writing from the British Red Cross Society, on October 19, Arthur Stanley, chairman of the Executive Committee, says: "We have upon our books the names of some 1,500 trained and fully-certificated nurses whose services could be called upon at any time in case of need."

One thousand five hundred expert nurses are waiting to be called up, and many of them have been told that they were not wanted. "Not wanted!" and here are these poor untrained girls belonging to the Voluntary Aid detachments mangling your sons and neglecting your brothers.

The Red Cross Society will tell you that it is not true; and Lord Kitchener, on being appealed to, replied, through the Army Council, virtually that he could not help it. Just think of it!

If it be not true, why is Miss Woodrow, daughter of Mr. T. J. Woodrow, secretary of the City of London Conservative and Unionist Association, sent to the front? Miss Woodrow has had one month's "training" at St. Bartholomew's Hospital and three weeks in the casualty and surgical ward of St. Mary's Hospital, and we read in the press that "Miss Woodrow left London for France for immediate service as a Red Cross nurse, under the direction of the British War Office."



Why, again, "in one of the newest tombs lies Miss W. Bell, an English girl, *aged 19*, who, while tending the wounded in the firing line, had both her legs broken by a splinter from a shell?" Poor child—*was she fit at 19 or trained for such work?*

Why was "one girl, *only 20*, left in charge of over 40 men and has been backward and forward *alone* with the wounded on several occasions? *She is untrained.*"

Why is "Lady Diana Manners, who is now taking a three months' course at a London hospital, about to cross with two girls similarly trained (?) and one who has only attended the Red Cross lectures?"

What happened at the Shornells Temporary Hospital (Red Cross), Bostall Heath, S.E.? Sixty wounded were expected immediately. The president of the Woolwich Division of the British Medical Association found himself expected to work, together with a trained sister, under a Mrs. Butcher, head of the local Red Cross detachment and to obey her commands, although she herself was not even a trained nurse. The "nursing staff"—save the mark—for these 60 poor wounded men was to consist of *one nurse*—the rest of the work must be done by the V.A.D., not 10 per cent of whom had even passed the First Aid examination, and some of whom had had lectures in nursing from a trained nurse, who reported them inefficient.

Why is the College of Ambulance, in Vere Street, London, "training people for the front at five guineas for the course of three weeks?" Some of them "are already working in the base hospitals at Paris, Amiens, Rouen, and Dieppe, six had gone to Servia, ten had been in Ostend with the refugees" and "were sent on to Calais and Paris, where they would nurse the wounded."

Why? when there are 1500 nurses on the books of the Red Cross Society—when Sir James Crichton Browne, one of our greatest doctors, has stated that "for half-baked amateurs to meddle in such matters is to endanger life and limb"—when Dr. Albert Wilson, who has spent some time at a base hospital at Dieppe, writes to the *British Medical Association*: "Nurses, however capable, seem unable to get work?"

Wives and mothers of our men, if you do not speak out and make yourselves heard and felt, you are most guilty towards those you love best; guilty towards your little ones, whose fathers are neglected and ill-used; guilty towards our stricken men themselves, whose lives and limbs and health might be saved by expert nursing. Tell the Red Cross, tell the Army Council that we will not have such things, such shameful things done. They are being done every day continually.

How many expert nurses are there on the Red Cross Council and Committee? Why are women of rank and fashion, of influential connections and moneyed importance, permitted to rule in matters which they cannot, for want of training, adequately deal with.

I do not ask you to take my word for it. Inquire—wake up—see for yourselves—ask the wounded—verify the facts—only, for Heaven's sake, stop this great evil, this grave crime, which is being committed against you and yours, against your children and your children's children. Demand that our soldiers be nursed by qualified and experienced nurses, and by these alone. You have the power to insist upon it. Band together, mothers and wives, and save your men.

## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

### VACATION SKETCHES

(Continued from page 405)

Dined at Mansfield House, a large settlement in Canningtown, Borough of West Ham, just beyond the East India docks, where John Burns so successfully conducted the great dock strike that lasted from May 24 to July 27, 1912. Nurses who have visited the families of longshoremen would know the conditions found in Canningtown, casual labor, poor pay, bad housing, much destitution. English families show their best side on Sunday, streets, door-ways, children, even windows, are cleaned up but the number of missions, settlements, public baths and clinics, pawn-shops and public-houses bear witness to the needs of the community. *The Bitter Cry of London* could not be written of the East End now, for it accomplished its mission in the early '80's but there still remains much to be done there.

Next door to Mansfield House is the fine building of the Canningtown Women's Settlement, with its special work of supervision over 500 crippled children, its mothers' classes where fine prenatal work is done, its summer outing and hundred and one other settlement interests. Nurses visiting London will be glad to see this work and also the small twenty-four bed hospital, some distance away, maintained by it. Of special interest in this are two beds, one supported by nurses, the other by members of the Woman's Guild of the Canningtown Women's Settlement. These guild members are all neighborhood women and their support of this bed, when every penny means so much to each one of them, shows their appreciation of Miss Cheatham and the other settlement workers.

In the afternoon we went to an open air Brotherhood Service in a small park in Canningtown at which Will Crooks, a labor member of Parliament, was the chief speaker. His simple, working-man's presentation of his theme, "Why we believe," appealed mightily to his audience while his shrewd comments and homely narratives delighted his hearers and kept everyone eagerly attentive. The following remarks brought forth appreciative "Hear, hear's."

"A man who's master in his own house is more to be pitied than any other man for he has forgotten that marriage is a partnership." "There are no great men; if God has given a man great capacities, he is great in so far as he uses these capacities in the service of the people." "A public man is a public target." When a drunken man interrupted him—"I wish they'd close the 'pubs' on Sunday." "Don't argue when you're tired." "Don't get angry." "Don't take the workshop home with you." "Don't talk trouble before the children." "Don't worry over what you can't mend." "Don't think the world can't get along without you, it can."

Will Crooks is said to have been born in an English work-house; anyone who has the good fortune to hear him, knows why he has risen to his present deserved place of public honor and trust. He is not only the representative of the laboring classes in Parliament, he is their interpreter to themselves, a working-man of ability and satisfied to be a good one.

*August 10.* To Mansfield House to go with the warden to the noon-day luncheon of the school children. Parliament has just passed a law legalizing this feeding during vacation. In a one-story building, quite apart from the school and originally intended for cooking classes, we saw nearly 160 children given a meal of Irish stew with two thick slices of bread and treacle. The food was well prepared and decently served, each child coming with clean hands and face and presenting his ticket before taking his place. Under the "Provision of Meals Act" of 1906, three meals are provided daily for needy, under-nourished children of school age. The menu for the entire week is given on a chart at each centre, seven of which were needed in the West Ham Borough. In two districts, where the number of children requiring this aid is small, the meals are provided at local restaurants. Was later shown an educational report for the year ending March 1912, which stated that 6728 of the 59,691 school children were given 1,117,091 meals. 5069 of these were children of dock laborers. During the dock strike more than 5000 children were fed weekly, at other times, the weekly average was slightly over 2000. At one time during the strike, four thousand children were fed at each meal at one school center. Any school child may receive these meals if a parent makes application and an investigator finds the request justified by home conditions. Often the meals are given during a temporary depression of domestic finances or upon advice of a teacher who has persuaded a parent to apply for this aid. Only one case of serious fraudulent representation was found during the entire year. The report contains some interesting tables showing the types and size of families from which the children came.

This same volume describes the work done by the medical inspectors, school nurses, oculist and dentist and gives a report of the school clinic, with recommendations for its expansion. Evidently some English parents also occasionally object to school inspection, for their children are excused from the routine medical but not from the "cleanliness" inspection. For this latter, both physician and nurse have been furnished with the necessary legal power in writing. The eyes of all new children are carefully examined and old patients are followed up each year. The special work in the dental department is the attention given the teeth of children between the ages of six and eight years, the period when neglected molars are first attacked by caries. A dentist gives his entire time to this clinic. The accommodation of each school must provide 10 square feet for each child in the upper grades and 9 square feet for each pupil in the infant schools. (How many American school-nurses know our space-requirements?)<sup>1</sup>

Later we visited a municipal tuberculosis dispensary on Balaam Street. The entire building (from the street it looked like one of our temporary election booths) and equipment cost less than \$4000 but it provided a waiting room, two small dressing rooms, a small laboratory, a nurse's supply room and a good examining room and physician's office combined. Patients were examined only by appointment and after a home visit had been made by one of the two nurses on duty at the clinic. Contacts were examined in every family. There was close coöperation between the sanatoria and the clinic, a home visit being made before any patient was dismissed and the names of all dismissed patients being reported in writing to the clinic. Milk was provided through the dispensary for some cases.

Paper napkins were not used but a dark blue four ounce glass sputum flask, widemouthed, with rubber stopper was given each expectorating patient with instructions to empty the flask when not more than half full, and thoroughly boil both flask and cork.

Of particular interest were the detailed, individual instructions which Dr. Collins gave to each patient and which he promises to publish later in the *British Journal of Tuberculosis*.

The nurses give no nursing care and the routine of clinic work and home visiting is much the same as ours. There seems, however, to be no organized municipal tuberculosis nursing staff, the nurses in each dispensary reporting only to the physician in charge.

Thence to the London Hospital on Mile End Road, in a very con-

<sup>1</sup> These details were all taken from the Ninth Report on the Work of the Education Committee of the County Borough of West Ham, April 1, 1912, March 31, 1913.

gested district, the largest of the privately-supported free hospitals. Its thousand beds are always full and its large outpatient department handles hundreds of patients daily. Of special interest here are the "Light-rooms" where about 300 cases of lupus come in at stated intervals for their Finsen-ray treatment. This is given by nurses of whom there were eight or ten at work during my call. Hospital social service was instituted here as early as 1791 by Sir William Blizard, for 53 years surgeon to the London Hospital, who founded the Samaritan Society to assist discharged and convalescent patients. In 1913, more than ten thousand patients were helped by this department, now known as the Marie Celeste Samaritan Society. Although its funds are quite distinct from those of the hospital, since 1792, it has had an office in the hospital, a gift from the governors. A graduate nurse is its head worker.

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#### ITEM

#### CONNECTICUT

The seventh annual report of the Middletown District Nurses' Association shows that the staff has been increased to three graduate nurses and one pupil nurse from the Middlesex Hospital Training School. Each pupil nurse serves six weeks. One-third (nearly \$400.00) of a special fund left to the worthy poor of Middletown by a former resident is given the Association annually and this money is devoted to special relief, treats or apparatus for convalescing patients. A new patients' record system has been installed and the nurses keep daily office hours from 4 to 6 p.m. 11,530 calls were made in 1914 in Middletown and the adjoining town of Portland. The Association has over 1000 subscribers, the amounts ranging from \$50.00 to less than one dollar. There are 465 one dollar memberships. Harriet B. Ball (Rhode Island Hospital) is head-nurse.



## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

### A NEW LAW

The new national law governing the sale and distribution of narcotics and opiates that is to go into effect March first will require vigilance on the part of hospitals. Many states have existing laws covering these same conditions, but this one enacted by the Federal Government outranks them all. News of the passage of the act has but just come to the writer, but hospitals are urged to send to Washington for copies, of which to make a study. Its most salient feature requires hospitals to register at the Internal Revenue Office in its district.

As one might naturally suppose, the law is not aimed at hospitals, but at that part of the drug trade which sells these drugs indiscriminately. If by taking extra precautions, though difficult, the hospitals can be useful in helping to lessen the temptations of those addicted to the so-called "drug habit," surely they will welcome the opportunity.

### SPECIAL NURSES

Much is being said and written regarding the place of the special nurse in the hospital, reference being nearly always to the graduate special in care of the private patient.

Dependence of the physician upon the nurse, modern methods for the care of the sick and modern habits of life and living, including that of granting to one's self and one's family all the luxury possible, have led to the custom of employing special nurses for a majority of those who come to our hospitals as private patients.

It has come to be an established fact in the minds of many, that patients must on no account be allowed to suffer after a surgical operation or during the course of a disease, evidence of such suffering being considered sufficient proof of the neglect of the physician or the inadequacy of the hospital or the inefficiency of the nursing staff. That the ordinary patient must be constantly treated in some way, is a cause for wonder and even astonishment to those who have been accustomed to seeing nature play a part in the repair of the body, but since constant and unremitting nursing care is the demand, it is eminently fit-

ting that such service should be rendered by the graduate special and as a natural result readers of nursing magazines have become familiar with discussions regarding special nurses, their place in the hospital family, their relation to the hospital, their duties, privileges, etc.

In the first place, the ethics of our profession teach that the hospital must in no way compete with the graduate, i.e., if the patient is financially able to pay for a graduate special, she should be furnished. It may happen that the hospital is unwilling to allow all work of this kind to pass out of its hands and away from its nurses; it will then rightly retain some of the work for its more advanced pupils, knowing that its training can not be complete without some practice for its nurses in the care of private patients. The busy superintendent would doubtless be grateful to turn each case over to a competent special nurse, but she voluntarily assumes the more difficult task of keeping some of such nursing for the good of her school, though she will hope to find sufficient among those who cannot pay.

If it is clearly understood that the hospital of the community will not compete with the graduates of that community, an *esprit de corps* for harmony and coöperation will be easily established between the two bodies and there will be little discussion regarding the rights and privileges of either.

A nurse who has undertaken the care of a special patient in the hospital is under the same obligation to the hospital as she would be to the home of the patient. It becomes her duty to observe economy in all matters, to maintain proper relations with those about her and, in general, to help make the wheels go round.

Criticisms are made of nurses who fail on these points. Hospitals are greatly affected and the superintendent is inclined to conclude that special nurses are a disturbing element, forgetting that she is suffering the hardships imposed by an individual and not by a class. The failure of the individual lies in her lack of breeding or lack of principle or both, or perchance it may be attributed to want of proper nurse training, and this particular time with its events may well suggest topics for the superintendent's next class in ethics.

Few graduate specials willingly inflict hardships upon the hospital in which they serve. If the special nurse has duties, she also has privileges. She is first of all a professional woman and as such is worthy of the honor due her profession, at least until she absolutely proves herself unfit. She will find her niche and establish herself soon after undertaking her case. Meantime, let it be assumed that she is making every effort to take good care of her patient and maintain the tradition and high ideals of the hospital.

The hospital also has duties towards its special nurses, such as providing comfortable quarters for them and sufficient relief from duty to enable them to preserve their health and perform their tasks. In this respect, many (it may almost be said most) hospitals are inadequate; it is a condition of affairs that has come upon them too suddenly to allow them to meet it as they would wish or as it should be met. There is not sufficient room to provide sleeping quarters for the increased number. Perhaps the table can hardly be made comfortable for the same reason, consequently the welcome due the special is not "with cordial spirits warm." This condition may be deplored by hospital managers, superintendents and all concerned, but it can not always be at once corrected. Patience must be exercised until it can be made right by erection of new buildings or other provisions. Hospitals in process of construction and those making additions will do well to consider the matter, for the innovation is fast settling into an established custom.)

The place of the special nurse in the hospital family is of interest to both the nurse and the family. It is rather inconsistent for the superintendent of a training school to teach the nurse the propriety of maintaining her standing and dignity when on private duty and then grant her no position when she chances to nurse a private case in the hospital. Why not take her into the family, grant her the same privileges and courtesies that are given others and thus contribute to her happiness and consequently to her well being and the character of her work and incidentally create within the whole hospital an atmosphere of good will and fellowship to be felt alike by the sick patient and his nurse, as well as by the stranger who chances within the gates?

One superintendent has solved the problem of a large and sudden influx of graduate special nurses by being determined to allow only graduates of her own school to act in that capacity. In taking this position she is justified by the facts that the hospital is not well prepared to care for strangers, that graduates of the school know its methods and possibilities as well as its shortcomings, that they will be loyal to each other and the school, that they will always be a help and never the reverse, that they are good nurses and able to meet the requirements of any patient. Whenever a patient or his physician wishes to import a nurse from another school, he is calmly but firmly told it will not be possible. The hospital will gladly take the patient and do the very best possible for him, but the nurse must be of its own school. He is further told he may have a choice of the nurses on the hospital list. It may be that he will be told with regret that there are doubtless hospitals not far distant which would gladly accede to the request.

The latter being true, there is no danger that he would suffer a hardship by being prevented from securing hospital care, though an instance of turning to another hospital for this reason is as yet unknown. This custom is a form of reciprocity between the school and its graduates who never fail to respond to its call for help. Since the graduate served the school with a fealty and devotion amounting almost to consecration for three long years, is it not appropriate that the school should offer her its patronage when she is prepared to receive it?

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### TOO LATE FOR CLASSIFICATION

#### COLORADO

The Colorado State Board of Nurse Examiners will meet at the Capitol Building, Denver, April 20, 21, 22, 1915, to examine applicants for registration, according to the law.

For information and application blanks apply to the secretary, Louise Perrin, R.N., Capitol Building, Denver.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**TWILIGHT SLEEP IN THE HOME.**—A writer in the *Medical Record* induces the condition known as Twilight Sleep during labor by the addition of sulphate of spartein to the morphia and scopolamine generally used. Spartein is a diuretic and heart tonic and has the effect of equalizing the circulation and preventing cyanosis and suffocation of the child. He states that the evidence shows that not more than 0.5 per cent of deaths have occurred, less than the ordinary labor records. He has tested it in an ordinary home and under ordinary conditions without a graduate nurse. It does not entirely prevent the pains of labor but ameliorates them and relieves the mother from much suffering in difficult labors, thereby avoiding the nervous shock which retards recovery.

**LIME IN THE TREATMENT OF TUBERCULOUS BRONCHIAL GLANDS.**—The *Journal of the American Medical Association*, quoting from a Swedish medical journal reports the result of the administration of calcium lactate to twenty children with tuberculous processes in the bronchial glands. The clinical symptoms improved materially. In two long febrile cases the fever subsided almost at once after the lime treatment had been begun. From 6 to 12 grams of calcium lactate are given during the day for two months and no injury was caused in any way by these large doses of lime.

**SWEETENED MILK IN DYSPEPTIC VOMITING.**—An Italian medical journal recommends feeding infants who vomit uncontrollably condensed milk sweetened. The sugar seems to stimulate glandular secretion and regulate the torpid bowel function.

**CHAULMOOGRA OIL IN LEPROSY.**—The *Medical Record* notes that Dr. Heiser, surgeon United States Public Health Service and Director of Health for the Philippine Islands, has been investigating the value of a mixture of chaulmoogra oil, camphorated oil and resorcin used hypodermically in the treatment of leprosy. It produces apparent cures in some cases, causes great improvement in many of the others and arrests the progress of the disease in almost every instance.

**CARE OF HYPODERMIC NEEDLES.**—A correspondent in the *Journal of the American Medical Association* says that to prevent rusting and consequent plugging, the needles should be kept in equal parts of



almond oil and alcohol. They may be placed in a wide mouthed bottle or covered dish and remain in the mixture when not in use. They can be removed from it with forceps and cleansed with a jet of alcohol.

**MENDING RUBBER GLOVES.**—A writer in *Surgery, Gynecology and Obstetrics* advises in mending a tear in rubber gloves to take an ordinary library filing card, spread it heavily with ordinary library paste and place over this rubber dam of light weight, such as is used by dentists, smooth flat and let dry. When required, cut a patch from it the proper size to fit the tear. Put the glove on inside out, moisten the patch with cement, let it dry for a few seconds, then press it down hard. Powder the glove and lay it away. When thoroughly dry, soak the glove in water and the card comes away as the paste dissolves.

**USE OF DISTILLED WATER.**—A United States Naval Medical Inspector writing in the *Medical Record*, highly recommends the use of distilled water as a preventive of water-borne diseases, heart disease, kidney affections, acute indigestion, aneurysm, hardening of the arteries and rheumatic conditions. Distilled water, being absolutely free from soluble ingredients, is in a condition to absorb the excess of salts and toxic substances which, when deposited on the walls of the arteries and in other parts of the body, cause disease. This can be prevented by the habitual use of sufficient distilled water. A homemade still can be made inexpensively with a teakettle, a coil of copper tubing, a piece of rubber tubing, a bucket of cold water and a glass preserve jar.

**MASTITIS IN PREGNANCY.**—A writer in the *Boston Medical and Surgical Journal* says that organisms are present in the nipples of all pregnant women and in the milk ducts of 86 per cent of them. The preventive measures for breast abscess consist in absolute cleanliness of the nipples and avoidance of injury to the breasts. Prompt treatment of mastitis by bandaging, ice packs, cold, astringent compresses and saline catharsis, is also necessary as a preventive.

**PITUITARY EXTRACT IN OBSTETRIC PRACTICE.**—A paper in the *Medical Record* strongly advocates the use of pituitrin in labor, especially where labor is delayed from other causes than mechanical obstruction. It shortens the duration of labor and removes almost entirely the necessity of applying low forceps except in rare cases of emergency. It does not act unless labor pains have begun and so is of value in determining whether the pains are true labor pains. It increases the pain which the patient feels but also increases the efficacy of the uterine contractions. So far as the writer's experience goes, there is no contra-indication of a general nature to the use of the remedy. It may be used in eclampsia and in cases where the kidney is involved.

It is of value in overcoming atony of the bladder which frequently is present after delivery.

SCARLET FEVER AND SALVARSAN.—A German medical journal recommends the use of salvarsan in severe cases of scarlet fever, when the patient has a temperature of 104° F. and upwards, a fiery rash, severe angina and great prostration. The author has treated 47 cases of this severity and has lost but two.

DENATURED ALCOHOL.—A correspondent in the *Journal of the American Medical Association* asks if denatured alcohol can be safely used for bathing purposes. It was replied that the external use of any alcohol containing wood alcohol was unsafe.

CHICKEN AS POSSIBLE TYPHOID CARRIER.—The *Journal of Medical Research*, in reporting some experiments says that they seem to show that chicken is highly resistant to the typhoid germ and cannot be made a typhoid carrier, either by feeding the organism to it or by intravenous inoculation.

TESTIMONY TO THE VALUE OF VACCINATION.—In the annual report of the Surgeon-General of the United States Navy, it is stated that two ships, the *Ohio* and the *Vermont*, visited a city where smallpox of a virulent type was present. On the *Vermont*, whose crew had been examined and vaccinated before leaving home waters, no case of smallpox occurred. On the *Ohio*, whose men had not been vaccinated for two years, twenty-five cases occurred. Eleven cases were malignant and hemorrhagic and in none of these could any scar of successful vaccination be found. The fourteen remaining cases of the varioloid type showed vaccination marks.

HOME HOSPITAL FOR TUBERCULOSIS.—The New York Association for Improving the Condition of the Poor, two years ago, established buildings with forty-eight apartments of from two to four rooms each, including one or more bed-rooms with open-air sleeping balconies. A solarium or playground and a fresh air school were on the roof of the building. Four apartments were used for administrative purposes. Families were installed in which dependency was due to tuberculosis in the wage earner or in the mother. All able-bodied persons were required to work. Supervision and instruction by the resident staff and attending physicians was insisted upon. The results were satisfactory. Every patient who followed the advice given has improved. The cost had been considerably less than if the patients had been cared for separately and the homes have been kept intact.

## LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### LETTING THE PUBLIC LIBRARIES HELP

DEAR EDITOR: It has frequently been suggested at our American Nurses' Association conventions that nurses make use of classes in technical schools, of visiting teachers, etc., for instruction along certain lines in our schools of nursing. Thinking along the line of the utilization of public educational facilities brought the idea of using the Public Library to supplement our reference library at the Miami Valley Hospital, Dayton.

As is well known, the Public Libraries supply high school students and teachers with much of their reference material. To get in touch with the librarian was a slight effort which brought forth much fruit. THE AMERICAN JOURNAL OF NURSING was put into the library, as well as all of the references which are recommended in the pamphlet issued by the Department of Nursing and Health at Teachers College, New York. In fact, most of these were already in the library waiting our demand. The superintendent of nurses was given a teacher's card with its special privileges.

A traveling library was also supplied to our school. It consists of 100 volumes of fiction, travel, biography and popular science. It will be exchanged every three months. The care of the books is simple, each book contains a card which is marked with the name of the borrower and of the time due and is kept by the person acting as librarian when the book is issued.

It is well to have the books in a locked case and issue at stated times. A report of the number of books issued is sent to the library each week on postals which are provided by the library for that purpose.

This idea may have occurred to many and be of wide use. Aside from the educational and recreational advantages, is the important fact that the community may be brought to feel that it has some obligations to the schools of nursing as educational institutions.

Ohio.

H. F.

### WORK OF A RESIDENT NURSE IN A COLLEGE

DEAR EDITOR: Having been a resident nurse in a college for seven years I am very much interested to know how others do who are in this work.

Our hospital is a beautiful one and one-half story building of stone, with rooms for the care of contagious cases in the half story. The outside stair entrance to these rooms is near the kitchen so that the serving of all food is from the one kitchen. On the main floor are two wards, four small rooms, two baths, reception hall, dining room and kitchen. The building is so arranged that the sexes may be completely segregated.

We have cared for all kinds of diseases and have, by methods of prevention, greatly reduced our sick list. For instance we have had a good deal of typhoid care as to drinking water and urging inoculation of students, which has given us

a record of but one case in over two years. Careful isolation cuts down our contagious diseases to first cases as a rule. An excellent dietitian has helped very materially along preventive lines by the proper feeding of our students.

My work for the last two years has been limited as to the care of the sick, so that I have been taking up other things. I am trying to fit myself to take up some physical work among the women and find that I have much to learn along health lines as my training had, of course, been along other lines. The recent broadening of the course in Home Economics to include Home Nursing gives me the chance for teaching. My salary is paid by the college. The students work out the time lost while they are in the hospital. To make this clear, I shall describe the family life at the college. The students who live in the dormitories are said to be in the family; that is, they have the opportunity to earn part of their expenses by working a part of each day. There are two dormitories for men and four for women, which together house about 350 students. The workers help with the preparation and serving of the food, the laundry, the dairy, the gardens and orchards, also the clerical work in the offices.

I have never had regular office hours but feel that they will be needed now that I am doing other things. I am, of course, included in the social life of the faculty and these associations are some of the worth while things to me in the position as college nurse. I should be glad to answer any questions that may be asked concerning my work.

MINNIE L. FREEMAN.

*Waverly Hospital, Park College,  
Parkville, Mo.*

(A letter from "A Hospital Superintendent" cannot be used as no name or address accompanied it.—Ed.)

## NURSING NEWS AND ANNOUNCEMENTS

### NATIONAL

#### AMERICAN NURSES' ASSOCIATION

##### NOTICE TO MEMBERS

The eighteenth annual meeting of the American Nurses' Association will be held in San Francisco, June 20 to 26, 1915. All dues should be in the hands of the treasurer by April 30. No credential cards will be sent to associations or individuals in arrears.

At the January meeting of the directors of the Association, 37 applications for membership were presented, 30 of which were accepted. It was decided at a joint meeting of the executive boards of the three national associations that pledges made for the expenses of the International Congress need not be redeemed and that money already sent to the treasurer for this purpose will be returned.

KATHARINE DEWITT, *Secretary.*

##### REPORT OF THE NURSES' RELIEF FUND, JANUARY, 1915

###### *Receipts*

Previously acknowledged.....	\$3,097.12
Interest on bonds.....	106.25
St. Luke's Training School, St. Louis, Mo.....	20.00
Margaret Montgomery.....	2.50
Jefferson County Graduate Nurses' Club, Louisville, Ky.....	5.00
Vassar Brothers Hospital Alumnae Association, Poughkeepsie, N. Y...	5.00
Arabella R. Creech, New Jersey.....	5.00
Marietta B. Squire, New Jersey.....	5.00
Iowa Methodist Hospital Alumnae Association, Des Moines, Iowa....	10.00
Indiana State Nurses' Association.....	25.00
Clodia Johnson.....	2.00
C. Bradford.....	1.00
Nurses' Alumnae Association of the Woman's Hospital, Philadelphia, Pa.	14.00
Sarah G. Haydock.....	1.00
Margaret J. Newcome.....	1.00
Mary Bennett.....	1.00
Public Health Nurses' Club of Cincinnati, Ohio.....	5.00
Calendar Fund, L. A. Giberson, Chairman.....	701.22
	<hr/>
	\$4,007.09



*Disbursements*

Benefit No. 1		
North Carolina State Nurses' Association Second Payment,		
December 1, 1914.....	\$25.00	
Benefit No. 1		
North Carolina State Nurses' Association Third Payment,		
January 1, 1915.....	25.00	50.00
Balance February 1, 1915.....		\$3,957.09
8 bonds, par value.....		8,000.00
		<hr/> \$11,957.09

Contributions for Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers' Loan and Trust Company, New York City.

For information address L. A. Giberson, Allenwood, Pa.

Mrs. C. V. Twiss, Treasurer,  
419 W. 144th St., New York City.

## ITINERARIES FOR THE CALIFORNIA TOURS

## I

## PANAMA-PACIFIC INTERNATIONAL EXPOSITION TOUR

*Wednesday, June 9*—Leave New York 12:00 noon, Newark 12:38 noon, Philadelphia 12:30; noon, Washington 9:00 a.m., Baltimore 9:50 a.m., Easton 2:14 p.m. Wilkes-Barre 5:21 p.m., Ithaca 8:51 p.m., Rochester 10:15 p.m., Buffalo 11:40 p.m. Via the famous Lehigh Valley Railroad, the route of the Black Diamond Express, along the banks of the Lehigh and Susquehanna Rivers. Sleeping car accommodations included for the entire trip. Lunch and dinner included in dining car. Leave Boston 11:30 a.m., Montreal 9:40 a.m., Toronto 11:45 p.m.

*Thursday, June 10*—Leave Detroit, 7:45 a.m., Lansing 8:50 a.m., Battle Creek 10:00 a.m. Arrive Chicago 3:00 p.m. Sight-seeing tour of the principal thoroughfares, parks, boulevards, etc., dinner at the La Salle Hotel. Leave Chicago 10:30 p.m., via the Atchison, Topeka & Santa Fe Railway. All meals included en route to the Grand Canyon at Fred Harvey's restaurants.

*Friday, June 11*—Arrive Kansas City 10:30 a.m. Leave Kansas City 10:45 a.m., via Atchison, Topeka & Santa Fe Railway.

*Saturday, June 12*—En route through New Mexico and Arizona.

*Sunday, June 13*—Arrive Grand Canyon 6:50 a.m. Meals provided at the Bright Angel Camp. Leave Grand Canyon 8:00 p.m.

*Monday, June 14*—Arrive Riverside 5:00 p.m. Drive included to Mt. Rubidoux. Dinner at the renowned Mission Inn. The hotel is built on the mission plan, with relics from noted missions throughout the world, an excellent collection of paintings and a large organ. There is an organ recital most every evening. Leave Riverside at midnight.

*Tuesday, June 15*—Arrive Los Angeles 7:00 a.m. Breakfast, lunch and dinner included at the Hotel Lankershim. Mission trip provided to the suburbs of Los Angeles, visiting San Gabriel Mission, Cawston Ostrich Farm, with free admission to both; the Orange Groves, Pasadena and the foothills and valleys.

Two hours at Pasadena with opportunity to visit the famous Busch Gardens. Leave Los Angeles at midnight.

*Wednesday, June 16*—Arrive San Diego 7:00 a.m. Breakfast, lunch and dinner included at the San Diego Hotel. Admission to Panama-California Exposition, where every phase of the Southwest's industry and commerce will be exhibited, included. Trip included to Tia Juana, Old Mexico, Coronado Beach, National City, Chula and Vista Lemon Groves. Leave San Diego at midnight.

*Thursday, June 17*—Arrive Los Angeles 7:00 a.m. Breakfast, lunch and dinner included at the Hotel Lankershim. Leave Los Angeles 8:00 p.m., via Southern Pacific Railway.

*Friday, June 18*—Arrive Yosemite National Park a.m. All meals and hotel accommodations provided during visit to Yosemite Valley. Stages will convey the party through the valley, the Mariposa Grove of Big Trees via Yosemite and Wawona.

*Saturday, June 19*—Leave Yosemite Valley about 7:30 p.m.

*Sunday, June 20*—Arrive San Francisco 8:20 a.m. Transfer to and room provided at the Inside Inn, located on the Exposition Grounds (see note for other hotels).

*Sunday, June 20, to Sunday, June 27*—In San Francisco. Daily admission to the Panama-Pacific International Exposition is included.

**NOTE.**—Accommodations included at Hotels Stewart or Sutter, instead of Inside Inn, at \$1.00 per day additional.

*Sunday, June 27*—Leave San Francisco 9:00 p.m.

*Monday, June 28*—Breakfast, lunch and dinner provided. En route through Nevada.

*Tuesday, June 29*—Arrive Salt Lake City 7:00 a.m. Breakfast and lunch provided at the Hotel Semloh. Among the points of interest are the great granite Temple, to which the general public is not admitted, the curious oval Tabernacle with its odd, round roof, where an organ recital is given daily at 12 noon, to which the public is admitted. Leave Salt Lake City 5:00 p.m. Dinner provided en route, via the famous Denver and Rio Grande Railroad.

*Wednesday, June 30*—Breakfast and lunch en route. This daylight ride is through famous Colorado Rocky scenery, passing Royal Gorge, towering aloft on either hand, 2627 feet; Tennessee Pass, Marshall Pass, Canyons of the Grande and Eagle Rivers, Leadville, one of the greatest mining camps combined with a modern city, the highest in the world. Arrive Colorado Springs 5:00 p.m. Transfer to and meals provided at Hotel Acacia.

*Thursday, July 1*—Drive provided to Manitou Springs, Garden of the Gods, Mesa Road and Glen Eyrie. Leave Colorado Springs 11:00 a.m. Arrive Denver 1:30 p.m. Lunch and dinner provided at Hotel Albany. Sightseeing tour, visiting tour, visiting business, park and residential sections, showing an uninterrupted view of two hundred miles of mountain range from Observation Point in Cheesman Park, the highest point in Denver. Leave Denver 9:00 p.m. via Rock Island Lines.

*Friday, July 2*—Breakfast, lunch and dinner provided. En route through Nebraska, making a short stop at Omaha.

*Saturday, July 3*—Arrive Chicago 8:00 a.m. Breakfast and lunch provided at the La Salle Hotel. Leave Chicago 3:30 p.m. Dinner provided en route.

*Sunday, July 4*—Breakfast provided en route. Arrive Niagara Falls 8:30 a.m. Lunch and dinner provided at the Hotel International. The world-famed 22-mile Gorge trip will be included. Leave Niagara Falls 7:00 p.m.

*Monday, July 5*—Arrive New York 8:00 a.m.

*Inclusive Fares*

From	With lower berth in Tourist Sleeping Car	With upper berth in Tourist Sleeping Car	With lower berth in Standard Sleeping Car	With upper berth in Standard Sleeping Car
New York.....	\$229.00	\$223.00	\$249.00	\$240.00
Boston.....	235.00	229.00	255.00	246.00
Philadelphia.....	227.50	221.50	247.50	238.50
Baltimore.....	231.90	225.90	251.90	242.90
Washington.....	233.90	227.90	253.90	244.90
Easton.....	227.50	221.50	247.50	239.50
Wilkes-Barre.....	226.50	220.50	246.50	237.50
Ithaca.....	221.50	215.50	241.50	232.50
Rochester.....	219.00	213.00	239.00	230.00
Buffalo.....	216.00	210.00	236.00	227.00
Toronto.....	218.50	212.50	238.50	229.50
Montreal.....	235.00	229.00	255.00	246.00
Detroit.....	200.00	194.00	220.00	212.00
Lansing.....	198.00	192.00	218.00	210.00
Battle Creek.....	196.00	190.00	216.00	208.00
Chicago.....	178.00	172.00	197.00	189.00
Kansas City and Return to Omaha...	164.00	158.00	181.50	172.50

Including Yosemite Valley as outlined in the itinerary costs \$30.50 additional, based on a party of one hundred.

These rates include the following:

*Transportation*.—First class for the entire tour, limited to September 9, 1915, with many stop-over privileges.

*Sleeping Car Accommodations*.—One double berth for each passenger.

*Hotels*.—Accommodations at first-class hotels.

*Meals*.—All meals, excepting while at San Francisco.

*Sightseeing*.—Sightseeing trips as specified in the itinerary.

*Transfers*.—Of passenger to and from hotels, where necessary.

*Baggage*.—150 lbs. of baggage transported free on each ticket.

*Deposit*.—To secure accommodations and membership on this tour, a deposit of \$25.00 is necessary which is credited to the amount of the tour, balance of which is due on May 9, 1915. Reservations are made in the order in which deposits are received, hence early remittance is advisable. All deposits and amounts paid will be refunded to those unable to join the party, providing notice is received by June 1st.

*Optional Side Trips*.—Lake Tahoe. Visited on return journey at \$7.00 additional, including one day's accommodations with meals at Tahoe Tavern and necessary transportation.

*Yellowstone Park*. As a side trip from Salt Lake City will cost \$53.50 additional for complete five-day tour of Park, including transportation, stage fares, all meals and hotel accommodations. Four-day tour costs \$44.50.

*Panama Canal, Canadian Rockies, and other return routes.*

Those desiring to return via other routes or points or to make longer stays in California, accompanying the tour as far as San Francisco, can receive full information relative to rates, schedules, etc., on application to Frank Tourist Company, 398 Broadway, New York.

## II

## DIRECT TRIP TO CALIFORNIA

*Monday, June 14*—Leave New York 12:00 noon via the famous Lehigh Valley Railroad, route of the Black Diamond Express. Standard lower berths in sleeping car provided to Chicago, passing along the banks of the Lehigh and Susquehanna Rivers.

*Tuesday, June 15*—Arrive Chicago 3:00 p.m. Leave Chicago 10:00 p.m. Lower berths provided to San Francisco, via Chicago, Rock Island & Pacific, Denver & Rio Grande and Southern Pacific Railroads.

*Wednesday, June 16*—En route through the great grain fields of Nebraska.

*Thursday, June 17*—Short stop will be made at Colorado Springs about 10:00 a.m., passing during the early afternoon through the Royal Gorge (in open-top observation cars) Grande and Eagle River Canyons, Tennessee Pass and Continental Divide.

*Friday, June 18*—Short stop will be made at Salt Lake City, Utah.

*Saturday, June 19*—Arrive San Francisco about 8:50 p.m.

## Rates

## Transportation:

Round trip tickets New York to San Francisco, limited to three months, going via above route and returning same route or any other direct line.....	\$94.30
If return route includes Portland, Canadian Pacific, Great Northern or Northern Pacific, or Grand Trunk Pacific, the additional cost will be.....	17.50
If return route includes Grand Canyon, additional cost.....	7.50
If return route includes Pennsylvania or New York Central Railroads, additional cost.....	2.25
<i>Berths:</i> New York to San Francisco lower in Standard Pullman sleeping car.....	18.00
New York to San Francisco upper in Standard Pullman sleeping cars....	14.40

## NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

The fourth annual meeting of this Organization will be held in San Francisco, June 20 to 26, 1915. Ella Phillips Crandall, the executive secretary, will make the trip by a southern route and will return by a northern one. She will be available as a speaker at meetings in cities west of the Mississippi or for consultation in regard to public health work in those cities, if notice is sent to her sufficiently early for her to make her plans to include them. The extra expense for such stops will, of course, be borne by the associations inviting her.

## ARMY NURSE CORPS

**APPOINTMENTS.**—Nolie C. York, graduate of St. Vincent's Hospital, Norfolk, Va.; Edna M. Rockafellow, Samaritan Hospital, Philadelphia, Pa.; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C. Laura C. Heston, Good Samaritan Hospital, Portland, Ore.; three years at Philippine General Hospital, Manila, P. I.; assigned to duty at the Letterman General Hospital, San Francisco, Calif.

**TRANSFERS.**—To Letterman General Hospital, San Francisco, Calif.: Anna B. Cawley, Elizabeth J. Kenny, Marie E. Logan, Carrie L. Howard, Charlotte M. Bement. To Department Hospital, Honolulu, H. T.: Daisy D. Smith, Pauline J. Paulson. To Department Hospital, Manila, P. I.: Amelia I. Goodine, Josephine E. Heffernan.

**DISCHARGE.**—From Army General Hospital, Fort Bayard, N. M.: Hulda Svenson.

DORA E. THOMPSON,  
*Superintendent, Army Nurse Corps.*

#### ALABAMA

**Birmingham.**—THE GRADUATE NURSES' ASSOCIATION, at a called meeting recently, decided to publish an official directory of physicians, dentists and nurses. Two directories of nurses have been published in the past with some profit. This one will be in charge of an expert advertiser and by making a biennial publication, its success seems assured. It is authorized by the Jefferson County Medical and Dental Societies. An interesting demonstration of the Lungmotor for resuscitating both adults and the new-born was given by Jesse Yates. Mr. Yates has been in touch with nursing interests in this community for some years and was listened to with pleasure. Several hospitals and one ambulance service are placing this instrument.

**Montgomery.**—THE GRADUATE NURSES' ASSOCIATION OF MONTGOMERY has recently had the addition of seven new members. Helen MacLean and Linna H. Denny, the secretary and president of the state association, spent three days in this city in the interest of the state registration bill. They appeared before the Public Health Committee. Some changes and amendments were made. Esther V. Hasson of the New Haven Hospital, Connecticut, has left South Highland Infirmary where she has been superintendent for some months.

#### CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its regular quarterly meeting on February 5 at the new nurses' home connected with the Bridgeport General Hospital. About forty-two members were present. Much time was spent in discussing the amendments to the registration bill. It was voted to have a JOURNAL table at the annual meeting and the president made a strong plea for the support of the JOURNAL, as it is a *nurses'* magazine. After adjournment and luncheon, the new building was inspected.

**New Haven.**—THE GRACE HOSPITAL ALUMNAE ASSOCIATION held an open meeting in February at which no business was conducted. In spite of a severe storm the afternoon was enjoyed by many members and their guests. A delightful program of music and readings was arranged by the social committee. Miss Dick gave an interesting talk, after which luncheon was served about an open fire.

#### DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for registration of nurses on Wednesday, May 12, 1915. Applications must be made before April 28, 1915, to Helen W. Gardner, 1337 K. Street, Washington, D. C.



## FLORIDA

THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES will hold examinations in the study hall of St. Luke's Hospital, Jacksonville, Florida, on April 14, 1915.

**Tampa.**—THE GRADUATE NURSES' ASSOCIATION OF TAMPA, a new organization, was formed recently with an enrollment of forty-one active and five honorary members. The meetings, which are held on the first Monday of each month, at the Gordan-Kellar Hospital, have been well attended and great interest has been manifested in the work being done. Though the organization is young it has already contemplated many measures for the benefit of the nurses of the city and has established a central registry in charge of Margaret Snyder. Owing to the fact that Tampa has a large tourist population, it is a field for transient nurses and the Association is composed of alumnae of various training schools throughout the United States and Canada. The officers are: president, Lila Quick; vice-presidents, Nona Prewitt, Martha Snyder and Marcia Jones; treasurer, Margaret Snyder; secretary, Grace Ballard; press reporter, Olive E. McMullen. The committees appointed were as follows: credential, chairman, Olive E. McMullen; entertainment, Martha Snyder; program, Ida M. Tracey. The members look forward to many interesting and beneficial meetings.

## GEORGIA

THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold its annual examinations for the registration of nurses in Atlanta, Savannah, and Augusta, on April 6, 7 and 8. Applications must be filed fifteen days prior to this date. For information and application blanks, address the secretary, Mary A. Owens, R.N., P. O. Box 436, Savannah, Ga.

## ILLINOIS

AN EXAMINATION FOR THE REGISTRATION OF NURSES will be held by the Illinois State Board of Nurse Examiners in Chicago, April 14 and 15, 1915. Application blanks and information may be secured from the Secretary, Anna L. Tittman, R.N., State Capitol, Springfield, Ill.

**Chicago.**—ANNE AMBRIDGE, graduate of St. Luke's Hospital Training School, has resigned her position at Englewood Hospital. The vacancy has been filled by Miss Williamson of Blockley, Philadelphia. Miss Foote has been obliged to give up her position as head resident of the Chicago Nurses' Club as she is sailing with the next contingent of Red Cross nurses for Russia.

**Springfield.**—THE SPRINGFIELD GRADUATE NURSES' ASSOCIATION held its annual meeting at the home of Mrs. Herschel Saunders with a good attendance. The following officers were elected: president, Mary F. Wallace; vice-presidents, Kate Reid, Cora Hughes and Kate Urban; recording secretary, Sarah Wray; corresponding secretary, Ionia Taff; treasurer, Caroline Steinwart. The chairmen of the committees were as follows: auditing, Cora L. Hearne; nominating, Blanche Price; credential, Isabelle Lawrence; program, Alice E. Dalbey; Press, Ionia Taff. The January meeting was held at the Lincoln Library with a good attendance. Dr. G. T. Palmer gave an address on Social Survey in the Future which was most interesting.

THE SPRINGFIELD DIRECTORY is reported to be progressing very well. It has been organized about fifteen months and showed a balance for the first year of \$513. Mary C. Hudson, the registrar, was re-elected.

THE SPRINGFIELD HOSPITAL has opened part of the \$20,000 addition, the remainder of which will be ready for occupancy soon.

CORA HEARNE, surgical nurse at the Hospital, resigned her position on January 1 and has accepted a position as assistant in surgery with Dr. D. W. Deal, one of the most prominent surgeons in Springfield. Mary Talbot succeeds Miss Hearne as surgical nurse at the Hospital. Evelyn Earles has given up her work in the X-ray laboratory of Dr. O'Hara and gone into private duty work. Miss S. Black has also resigned her position in this laboratory.

#### INDIANA

Fort Wayne.—THE FORT WAYNE ANTI-TUBERCULOSIS LEAGUE, of which Irene Byron, class of 1906, Hope Hospital Training School, is executive secretary, reported a sale of Red Cross seals during the past holidays to the number of 268,164 which was an increase of 94,770 over the Christmas sales of 1913. The society has recently purchased a farm, so hopes for a county hospital are entertained. The educational work in the city will be continued and a nurse for a few months in the country is also contemplated.

#### IOWA

Des Moines.—THE IOWA STATE BOARD EXAMINATIONS, held in January, were tried by 103 nurses from all over the state. The next examination will be held on April 20, at the same place.

THE IOWA METHODIST TRAINING SCHOOL entertained the alumnae at the home of Mrs. Ellen S. Tellier, chairman of the entertainment committee, on January 28. After the routine business the following officers were elected: president, Loudeem Boatwright; vice-president, Zetta O'Dell; secretary, Miriam Davidson; treasurer, Katherine Diehl. It was decided to have an initiatory program at the annual reception to the graduating class, a representative of each class to be initiated, beginning with the first class and all the members of the incoming class. Sixteen members were present.

THE MERCY HOSPITAL ALUMNAE ASSOCIATION held the annual banquet on February 13, at the Chantilly café. Miss S. S. Feeney, formerly of Denver, has accepted the position of superintendent of nurses in the Training School.

Iowa City.—THE IOWA STATE LEAGUE OF NURSING EDUCATION will hold its annual meeting in this city on April 27 and the IOWA STATE REGISTERED NURSES' ASSOCIATION, on April 28 and 29.

THE IOWA STATE UNIVERSITY HOSPITAL opened its new \$50,000 nurses' home on March 1. Bertha Kampmeier, class of 1913, has accepted a position as head nurse in the Hospital. Ruth Lindell, class of 1913, has accepted the position of superintendent of the Algona Hospital, Algona, Iowa.

Waterloo.—THE BLACK HAWK COUNTY ASSOCIATION OF REGISTERED NURSES met at the home of Mrs. Stevenson, January 19, when the annual election of officers took place, resulting as follows: president, Nana Colby; vice-presidents, Marie Neilsen and Mrs. H. E. Colby; secretary, Kate Colby; treasurer, Margaret O'Brien.

FLORENCE BURT, formerly superintendent of the Presbyterian Hospital, is now in charge of the Blessing Hospital, Quincy, Ill.

Davenport.—MARY CARNEY, of the Mercy Hospital Training School, has accepted a position in the Myrtle Hospital, Sprague, Washington.

## MARYLAND

**Baltimore.**—THE MARYLAND LEAGUE OF NURSING EDUCATION held its third meeting at the Church Home and Infirmary, on January 20. Miss Lawler presided. The program was a discussion of the curriculum as suggested by the Maryland State Board of Examiners. Miss Bartlett gave some facts regarding the examinations since 1912, showing that the subjects in which the majority of the nurses failed vary from year to year, with the exception of *Materia Medica*. The greatest majority pass in *Materia Medica* each year. The advisability of having a committee appointed to look into the curricula of all the schools in Maryland and to find how those schools which have very limited teaching facilities can obtain affiliations which will better these conditions, was discussed, also the feasibility of several schools combining to have a paid lecture course which would improve their curriculum.

THE NURSES' ALUMNAE ASSOCIATION of the University of Maryland held its quarterly meeting at the University Hospital, February 1. The program consisted of a discussion of methods and problems. A feature of the meeting was a question box discussion relating to general nursing. Virginia Clendenin, class of 1914, University Hospital, has accepted a position at Bellevue Hospital, N. Y. Miss B. M. Roussey, Miss A. K. Coulbourn and Miss S. E. Davis, of the same class have accepted positions at Bay View Hospital, this city. Mrs. Ethel P. Clark, class of 1906, formerly superintendent of nurses of the University Hospital Training School, is taking a course in hospital administration at Teachers College. Marjorie Sprecher and Carrie Murray, class of 1914, have accepted positions at Jefferson Hospital, Roanoke, Virginia.

THE MERCY HOSPITAL ALUMNAE ASSOCIATION held its regular winter meeting at Loyola College on January 28. The president, Sadie Roe, presided. The attendance was unusually large. The plans of the Club House were taken up and a lively discussion followed. The Association hopes to hold the annual meeting there in May. At the close of the business meeting Martha Hartman gave a short talk about the work the American Red Cross nurses are doing in Paris, France. Miss Hartman was one of the first nurses to go abroad, having been sent with the Baltimore unit to France. Grace O'Brien of Johns Hopkins next addressed the meeting on the advantages of a Club House. Fourteen Relief Calendars were sold. The annual *Alumnae Journal* was distributed to the nurses.

## MASSACHUSETTS

THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, April 13 and 14, 1915, in Room 15, State House, Boston, beginning at 9 a.m. Application for any examination must be filed at least five days before the examination date. Walter P. Bowers, Secretary.

THE BOARD OF REGISTRATION OF NURSES recommends an amendment to the original act to the effect that any applicant for examination must satisfy the board that he or she has had at least two years of hospital training.

**Boston.**—THE MASSACHUSETTS GENERAL HOSPITAL NURSES' ALUMNAE ASSOCIATION held its January meeting in the New Home on January 26. Anna Gibson gave an illustrated lecture on The Experiences of a Refugee, in the Out-Patient Amphitheatre.

THE BOSTON NURSES' CLUB met on January 7, when Dr. Robert M. Green gave an illustrated lecture on the Romance of the Rhine. Another lecture was given by Dr. Frank H. Lahey on Thyroid Diseases, on January 21.

THE RED CROSS NURSES held a large and enthusiastic gathering at the Club on January 15. Miss Boardman told of the work of the widely scattered units of the American Red Cross; of the difficulties surmounted in some cases and of the pleasant surroundings and appreciation in others. The lecture room was draped with Red Cross flags, prominent among which was the tattered flag carried by the *Olivette* in the Spanish-American war. Miss Boardman was presented with American Beauty roses by the nurses. A pleasant informal hour followed the talk. On January 16, Miss Boardman and Dr. Laura A. C. Hughes, the chairman of the local Red Cross Committee, spoke to the Twentieth Century Club on the invaluable assistance the nurses gave after the Salem fire and of how bravely they are facing the horrors of the present war.

RED CROSS WORK is keeping the nurses busy. A group of nurses working at the Club rooms have forwarded, via the Cunard line, four large cases of Red Cross supplies to the Queen's Military Hospital, Folkestone, England. The sterilizing of the surgical supplies has been done by the Dorchester Cottage Hospital, the Vincent Memorial and by Miss Telfer, a Club member and office nurse. The Guild of St. Barnabas has sent all its supplies, made up to January 31, to the American Red Cross. They have decided to work now for the hospitals in northern France, in coöperation with the Civic League. The Civic League is helping to solve the industrial problem by employing women at ten cents per hour and teaching them to make dressings and to knit. All the sterilizing for the Guild is done by the New England Baptist Hospital.

THE BOSTON LOCAL COMMITTEE OF THE AMERICAN SOCIETY FOR THE CONTROL OF CANCER called a meeting on January 15 at the house of Mrs. Paul Thorndyke. A number of representative nurses were asked to meet with doctors and others interested in the furtherance of the work of this organization. The meeting was addressed by Dr. Edward Reynolds; Dr. J. Collins Warren, the chairman of the Harvard Cancer Commission; Cardinal O'Connell; Dr. McLaughlin, the State Health Commissioner; Dr. W. L. Sedgwick of Technology and Dr. Dunn of the Massachusetts State Board of Labor.

CATHERINE M. HENNESSEY, class of 1913, Boston City Hospital has taken up work at the Tuberculosis Hospital, Mattapan, Mass. She has been engaged in private duty nursing since graduation.

KATHERINE MCKENZIE, a graduate of the State Hospital, Boston, Mass., and of Bellevue, New York, is giving up private duty work to return to the State Hospital as supervisor.

KATHERINE CLARK, a graduate of the New York Polyclinic Hospital and of two Boston hospitals, has sailed with the second contingent of Canadian troops.

ELIZABETH DEVINE, graduate of the Massachusetts State Hospital, Tewksbury, has received an appointment from the State Board of Insanity of Massachusetts. Her duties as settlement visitor for insane, degenerate and feeble-minded persons, take her out of the state and into Canada.

THE MILK AND BABY HYGIENE ASSOCIATION, during the year of 1914, gave medical and nursing supervision to 4097 babies. It was stated at the meeting of the trustees, that if the work could be continued at the same rate, care would be given to 20 per cent of all the babies in the city under one year of age.

Lowell.—CLARA HOLLAND, class of 1902, Boston City Hospital resigned on October 31 from Pre-natal work in the North End of Boston to take charge of

the visiting nursing in Lowell. Miss Holland has had a year at Simmons College, since her graduation from the hospital. For a year she had charge of the Clinic Rooms at the Boston Dispensary.

**Worcester.**—THE WORCESTER STATE HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises on December 18, for a class of sixteen. Rev. B. L. Jennings delivered the address and Dr. E. V. Scribner, superintendent of the institution, presented the diplomas. A reception and dance followed the exercises.

THE WORCESTER CITY HOSPITAL TRAINING SCHOOL ASSOCIATION held a regular meeting on January 5. It was voted to give \$25 from the treasury to the Red Cross Relief Fund and also to give \$25 to the Worcester Society of District Nursing. It was also decided that the members meet one afternoon a week to sew and make surgical dressings at the Red Cross Headquarters. The officers elected for the following year were: president, Anna Newcomb; vice-president, Maude Ridley; secretary, Lila Henebery; assistant secretary, Delya Hardi; treasurer, Mary Smythe; two new members were admitted to membership. A Red Cross night was held on February 3 at the Casino for which all the nurses worked earnestly. The proceeds are to be used for supplies at the Red Cross Headquarters.

**Lancaster.**—THE CARTER MEMORIAL TUBERCULOSIS HOSPITAL was opened on December 31, 1914, in pursuance of a law passed in the state of Massachusetts in 1911 requiring that in every city of 10,000 inhabitants or more, a hospital be provided for the prevention and cure of tuberculosis. The Hospital was erected in memory of Charles M. and Martha Howard Thurston Carter by their daughters. Dr. Walter P. Bowers, spoke of the great need of such a hospital. Governor Walsh, expressed his appreciation of what was being done for the state by private individuals. Mr. Leland pointed out marked improvements in the system of heating and ventilating and explained how it was possible to have covered piazzas on the south side of the building and at the same time fill each ward with sunshine.

**Boston Harbor.**—THE LONG ISLAND HOSPITAL has begun work on its new nurses' home and two new ward buildings.

#### MINNESOTA

**Moorehead.**—THE NURSES' ALUMNAE ASSOCIATION OF THE NORTHWESTERN HOSPITAL held its first annual meeting on January 12 at the hospital. The officers are: president, Selma Johanson; vice-president, Mrs. A. N. Axness; secretary-treasurer, Mildred McCarthy. The president appointed a ring committee which will meet later.

#### MICHIGAN

**Detroit.**—THE WAYNE COUNTY NURSES' ASSOCIATION held its fourth annual adjourned meeting on January 22 at the Wayne County Medical Building. Though the annual meeting has been a prolonged one, the members feel that it has been well worth the time and energy expended. Several important changes have been made. The constitution and by-laws of the Wayne County Nurses' Association and that of the Nurses' Central Directory prepared by the committee were adopted as presented with but a few minor changes. The *Central Directory Bulletin* was made the official organ of the Wayne County Nurses' Association and will now reach each member of the Association and of the Directory.



The cards sent out by the corresponding secretary, notifying its members of the time and place of meetings, are to be discontinued and hereafter these notices will appear in the *Bulletin*. Also the program with dates and topics will be found under the head of Program in each issue. The Nurses' Directory Committee elected by ballot, to serve with the president, secretary and treasurer of the Association, are as follows: Mary E. Smith, Emily N. Rankin, Frances Campbell, Kathleen Mahon. Other standing committees appointed by the president, Zoe LaForge, were: committee on credentials, Effie M. Moore, chairman; committee on program, Agnes Deans; printing, Effie M. Moore; social relations, Tilla Marr.

THE GRACE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in the Helen Newberry Nurses' Home, on January 12. Eleven names were presented and accepted for membership. A collection of \$20, was taken up from the members and sent to the Nurses' Relief Fund of the American Nurses' Association. At the close of the business session the following officers were elected: president, Frances Drake; vice-presidents, Emily Rankin, Frances Clark; secretary, Imogene Clark; treasurer, Edith C. Jones; directors, Olive Reynolds, Esther Hillock, Minnie McGregor.

THE ST. MARY'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the hospital, on January 14. The following officers were elected for the ensuing year: president, Ethel McGinn; vice-presidents, Elizabeth Robertson, Frances Sullivan; treasurer, Mary McIntee; recording secretary, Amelia Parisian; corresponding secretary, Florence A. Martin; assistant corresponding secretary, Maud McGlynn; counselors, Genevieve Sweeney, Elizabeth Balfe, Emma Kresel, Helena Urquhart, Mollie Queenan.

THE PROVIDENCE HOSPITAL ALUMNAE ASSOCIATION held a meeting at Providence Hospital on January 28. The following officers were elected for the ensuing year: president, Louise Leyes; vice-president, Grace Koons; secretary, Myrtle Bailey; treasurer, Margaret Meers; directors, Catherine Gansen, Natalie Keinie.

#### MISSOURI

**Kansas City.**—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its annual meeting on February 3, at the Club House. After the usual business the Association voted to amend its by-laws by adding two committees, house and ways and means, as the development in the past year and the new club house seemed to demand such an addition. The following officers were elected: president, Charlotte B. Forrester; vice-presidents, Lottie Hollenbeck and Mary Burns; secretary, Etta Lee Goudy; treasurer, Anna M. Barr; chairman of ways and means committee, Eleanor Keeley; visiting, Mary Dodd; house, Cornelia Seelye; printing, Josephine Lashley; directory, Wilhelmina Witte. On the afternoon of January 20, Dr. Francis E. Wilhelm gave a talk on Twilight Sleep. He had recently returned from New York where he made a special study of this treatment. Hence his talk was most interesting to the 75 nurses who listened to him.

THE KANSAS CITY GENERAL HOSPITAL ALUMNAE ASSOCIATION held a reception on the afternoon of February 8 in the Training School parlors to meet Mary I. Bustard, the new superintendent of nurses.

LILLIAN TOWNSEND, who since her graduation from St. Luke's Hospital in 1911, has held the position of superintendent of nurses in that training school, has resigned her position. It is with great regret that her nurses part with her. She is succeeded by Mrs. Z. Woodward, class of 1914, University of Kansas Hospital, Rosedale, Kansas.

**St. Joseph.**—THE ST. JOSEPH GRADUATE NURSES' ASSOCIATION held the annual meeting at the Ensworth Nurses' Home on January 29. Those elected to office were as follows: president, Marie Gekeler; vice-presidents, Miss Cunningham and Jessie R. Durand; recording secretary, Edith Hayden; corresponding secretary, Deborah Mower; treasurer, Elizabeth Ferbert. The committees elected, with their chairmen, were ways and means, Lorena Hales; credential, Ethel Hastings; visiting and entertaining, Lida Speelman.

**Joplin.**—The nurses from Joplin, Webb City, Carthage, Mo., and Pittsburg, Kans., met in the Jane Chinn Hospital, in Webb City on December 28. An informal discussion showed that all were enthusiastic over forming an association. Elizabeth Houser, superintendent of the Jane Chinn Hospital, was chosen temporary chairman. A constitution committee was appointed. On January 28 the same group of nurses met in the Connor Hotel in Joplin and a permanent association to be known as the Empire Missouri-Kansas Association of Registered and Graduate Nurses was formed. Sixteen members were enrolled and it is thought that this number will be doubled at the next meeting. Members are largely from St. John's Hospital, Joplin; Mount Carmel Hospital, Pittsburg, Kansas, but several other schools are represented. Much interest is shown. This association plans to affiliate with the Missouri State Association and will send delegates to the meeting in St. Louis this fall and will invite the state association to meet in Joplin in 1916. The officers are as follows: president, Mary E. James, graduate of the Mercy Hospital, Davenport, Ia.; vice-president, Sister Mary Alphonsus, Mount Carmel Hospital, Pittsburg, Kansas; secretary-treasurer, Paula C. Goettsch, Mercy Hospital, Davenport, Ia. Leonore Sieber, graduate of St. John's Hospital, Fort Smith, Ark.; Esther Cohen, of St. John's Hospital, Joplin, and Blanche Driesbach of Bethany Hospital, Kansas City, Mo., were made chairmen of permanent committees.

#### MONTANA

**Helena.**—THE ST. JOHN'S HOSPITAL held commencement exercises for the class of 1915 on January 21 in the assembly hall of St. Vincent's Academy. There were three graduates. The program was opened with musical numbers after which Rev. J. P. Carroll, D.D., made an interesting address and presented the diplomas. The school pins were presented by Rev. J. J. Tracy, chaplain of the hospital. Preceding the exercises a banquet was held at the hospital in honor of the graduates, at which Rev. J. P. Carroll, members of the clergy, and relatives of the graduates were present.

#### NEW YORK

**New York.**—THE NEW YORK CITY LEAGUE OF NURSING EDUCATION held a meeting at the Presbyterian Hospital on February 3. The general program of the evening was on Publicity Methods. Mr. Jacobs who has charge of the publicity work in connection with the Association for the Prevention and Cure of Tuberculosis gave an exceedingly interesting address on the means by which effective information may be distributed through the Press. Statistics have shown that publicity accomplished remarkable results in the tuberculosis campaign and Mr. Jacobs felt that it would have a tremendous influence in raising the standards of nursing by awakening the public to its responsibilities. Miss Soderstrom gave a report of the investigation among High School girls to determine their attitude toward nursing as a vocation. In conjunction with the League Miss Soderstrom distributed 1250 booklets on Opportunities in the Field

of Nursing published by the Alumnae Association of the Department of Nursing and Health, Teachers College. A questionnaire was later given each student for a reply. While the statistical result from such an investigation was not particularly encouraging four important results were accomplished: 1250 persons directed their thoughts toward nursing work; the subject was discussed in the families of these students; 1250 booklets became the property of the High School libraries; in one school it became a text book for vocational work. Miss Van Blarcom spoke on the Necessity for Publicity in Nursing Work maintaining that trustees and philanthropists associated with hospitals should be better informed concerning the purpose of the training school and the conditions existing in the same; also that the community should be informed as to what the nurse could be expected to do for them. A general discussion followed. A committee was appointed to investigate the teaching of First Aid in the High School.

THE CENTRAL CLUB FOR NURSES held its annual meeting at the Club House on January 27, thirty-five members being in attendance. Mrs. Potter, the president, opened the meeting by giving a résumé of the work since the opening of the Club and said that without doubt the next annual meeting would be held in the new club house which, it was hoped, would be a home for every nurse coming to New York. The report of the registrar included a report of the work accomplished in the way of establishing an Hourly Nursing Service for persons in moderate circumstances. A feature of the secretary's report was the fact that the Red Cross nurses en route for Europe had made their headquarters there, eighty-nine having registered at the Club. Eleven were kept at the house, in rooms of members given up to the entertainment of the nurses, and lodgings for the remaining 78 were secured outside the Club. In December the unit designed for Servia was entertained at the Club. The secretary's report showed that there were 520 members in good standing 68 having been admitted during the past year. Applications for accommodations have come from all over the world, 156 transients have been entertained and twice that number have applied. Miss Pless, who is in charge of the War Relief Department of the Central Club, gave an interesting account of the work accomplished a great number of cases containing surgical dressings and articles of clothing having been forwarded to Europe. The report of the nominating committee was as follows: candidate for one year to fill out the unexpired time of Miss Rhodes' term, Jane A. Delano; candidates for three years, S. Kiel, Nellie W. Lee, Anna C. Maxwell, Amy Patmore, Mrs. Beatrice Stevenson. The non-professional members; Eleanor Blodgett, Mrs. Campbell Clarke, Mrs. Richard Derby, Mrs. William P. Hamilton. The ticket was elected. Miss Latham of the Metropolitan Board of the Y. W. C. A. spoke of the life and work of Grace Dodge, telling of the great interest which Miss Dodge had always felt and expressed for the Central Club. At the conclusion of her address a committee was appointed to draw up resolutions for the Club. A mass meeting of the Young Women's Christian Association will be held on March 8. All friends of the Association are invited to be present. During the month of February, Mrs. Frank Bishop gave four afternoon talks on the Work-Day Bible. The War Relief Department is open daily (except Sunday) from 9 a.m. to 5 p.m. On Mondays and Thursdays the hours are 9 a.m. to 9 p.m. The plans for the new Central Club are for an eight story fire-proof building at 132 East 45th St. On the first floor there are to be a large assembly room, library, dining room and cafeteria, rest rooms, offices, waiting rooms, committee rooms. The bedrooms will have ample closets with hot and cold running water in each room. There

is a small infirmary, a roof garden, lockers, sewing room, laundry, accessible trunk storage rooms, etc.

THE COURSE FOR FOOD AND SANITARY INSPECTORS, during the month of March is as follows: March 5, Milk and Its Products, by Russell Sturgis; March 12, Milk Inspection, City, Mr. Ole Salthe, Country, Mr. Russell Sturgis; March 12, Pasteurizing Plants, Charles Kilbourne; March 19, Use of Score Cards of All Kinds, Mr. Ole Salthe; March 26, Manufacture of Sausage, Candy, Cereals, Flours, Breakfast Foods, etc., Dr. Marion McMillan. These courses are given in room 514 of the Municipal Building at 4 o'clock on Fridays. The lectures given on Tuesdays at the same place and hour are, How the Department of Health Guards Our Food Supply, The Hospitals of the Department of Health; Vital Statistics, What They Teach Us; The Accounts and Supplies of the Department of Health and How Contracts Are Awarded; The Court Cases of the Department of Health and How They reach the Law Department; How They are Conducted, Fines and Penalties. These subjects will be taken up by Drs. McMillan, Wilson, Guilfooy, and Messrs. Schickling and Featherstone.

THE TRAINING SCHOOL FOR NURSES OF THE MT. SINAI HOSPITAL held graduation exercises on February 17 at the School Building. There were forty-five graduates.

Troy.—THE SAMARITAN HOSPITAL TRAINING SCHOOL FOR NURSES held commencement exercises for a class of eight members on February 2, at the Assembly room of the nurses' home. Mrs. E. O. House presented the school pins and James H. Caldwell administered the Hippocratic Oath, presented the diplomas and awarded the scholarships. The address was given by Augustus S. Downing, Commissioner of Higher Education, University of the State of New York.

#### NEBRASKA

THE NEBRASKA STATE NURSES' ASSOCIATION held its regular meeting at Lincoln on January 12. The morning session was devoted to business, the afternoon session to Public Health subjects. Renee B. Stern, of the Chicago School of Civics and Philanthropy, gave an interesting address on the opportunities for nurses in social welfare work. Dr. Ralph Knight, school physician at Lincoln, addressed the meeting on the Nature of Health Work in the Schools and the extent to which it should be carried on. A paper on District Nursing was read by Katherine Wollgast, district nurse at Lincoln. A report of the delegate, Mrs. C. C. Ryan, to the Nebraska Federation of Women's Clubs, was read. The meeting was well attended and an invitation to hold the April meeting at Norfolk, was accepted.

#### NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its annual meeting on April 6 in Elizabeth. Election of officers and of a delegate to the American Nurses' Association will be the principal events of the day.

Newark.—Jennie B. Kingsland, graduate of the Orange Training School for Nurses, class of 1903, having passed successfully the civil service examination, has been appointed probation officer in Essex County. Mrs. M. E. Schoepflin Pease, of the same class, has for several years been doing very efficient work of the same order in Newark.

Orange.—THE ALUMNAE ASSOCIATION OF THE ORANGE TRAINING SCHOOL held its regular meeting on January 20 at the residence of Mrs. David George,

about sixty members being present. It was decided not to give the Open Air Plays this year, but instead to use the time and energy in work which would be helpful to local charities, either in sewing or in the collection of garments for the needy. The matter was left in the hands of a committee, the chairman, Mrs. D. George. Some beautiful carnations were received from Mrs. Jennie Baldwin Hamblar, "The first graduate" of the Training School. At the close of the business meeting, Dr. Mefford Runyon gave a very interesting talk on Twilight Sleep including some of his own personal experiences at Freiberg during the past summer.

#### NORTH DAKOTA

**Grand Forks.**—THE GRAND FORKS COUNTY GRADUATE NURSES' ASSOCIATION held the regular monthly meeting on January 12 at the Young Women's Christian Association. Routine business was conducted and some interesting reports heard. Nurses' Relief calendars sold amounted to 100, Red Cross Christmas seals to 13,661. The nurses' registration bill which is to be brought before the legislature at the present session was read and fully discussed, after which Dr. Alfred Dean gave an instructive talk on Anesthetics. The nurses of the county are working faithfully for the registration bill. Emma Long, who has been doing private nursing for a number of years, left on January 1 for Boston, to take a course in public health nursing. Mabel Fodness has been appointed rural school nurse for the county. This is the first time that the rural schools have had nurse inspection and the work is being watched with much interest.

**Fargo.**—THE CASS COUNTY GRADUATE NURSES' ASSOCIATION held an open meeting at the Young Women's Christian Association on January 4, at which Mrs. Angela Green Boleyn, chairman of the legislative committee, discussed the proposed bill and talked on registration for nurses. The nurses of the state manifest much interest in the bill and are doing all in their power to help the work along.

#### RHODE ISLAND

**Pawtucket.**—THE RHODE ISLAND LEAGUE OF NURSING EDUCATION held the annual meeting at the Sayles Memorial Hospital on January 29. The officers elected for the ensuing year were: president, Inez C. Lord; vice-president, Lucy C. Ayers; recording secretary, Elizabeth F. Sherman; corresponding secretary, Elizabeth F. Flemming; treasurer, Winifred L. Fitzpatrick; directors, Alida Young and Janet MacLaurin. The subject for the afternoon was Uniform Standards for Training Schools. The following papers were read: Selection of Probationers and Preliminary Course, Miss Lord; Standards of Teaching, Miss Dearness; Curriculum Adopted by the Rhode Island State Board of Examiners, Miss Ayers; Uniformity in Ethical Standards, Miss Sherman.

**Providence.**—THE RHODE ISLAND NURSES' CLUB met at the George Ide Chace Home for Nurses on February 2. Committees were appointed to draw up resolutions on the death of two members, Dr. Martha M. Smith of Mashoba, India, and Elizabeth Mitchell of Putnam, Conn. After the business meeting the Club was entertained by readings by George W. Ronne, and music.

**THE ST. JOSEPH'S HOSPITAL NURSES' ALUMNAE ASSOCIATION** met at the nurses home of the hospital on January 29. The annual report made by Miss Trainor showed marked progress in the last year. The Association has recently become affiliated with the American Nurses' Association. The officers elected were: president, Katherine A. O'Brien; vice-president, Catherine F. Lowney;



secretary, Florence Trainor; treasurer, Elizabeth Thompson; executive committee, Catherine T. Maye, Hortense Lucitt, Helena McGettrick. Honorary members are Rt. Rev. Monseignor Doran, Dr. Arthur T. Jones and Dr. William McGuirk. One new member was admitted. It was decided to hold a social in the near future.

## PENNSYLVANIA

**Philadelphia.**—THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA GENERAL HOSPITAL held the regular monthly meeting at the County Nurses' Club on February 1. In spite of inclement weather twenty-eight members responded to roll-call. A reception was held at the Hospital on January 14 in honor of the new chief nurse, Lillian Clayton. The invitations were extended to senior physicians connected with the hospital, heads of training schools and graduate nurses of the hospital. Roberts M. West, Marion E. Smith and Ella Phillips Crandall, with the officers of the Alumnae, received the guests. The attendance was large and the affair was thoroughly enjoyed by all. The arrangements committee received a vote of thanks for its management of the reception. The Association voted to accept Miss Clayton's invitation to hold the future meetings at the nurses' home of the Hospital. It was decided to again join the Parliamentary Law class to be given at the Nurses' Club this year. Several slight changes were made in the by-laws. Five new members were received.

THE HAHNEMANN HOSPITAL NURSES' ALUMNAE ASSOCIATION held a musicale and dance at the Adelphia Hotel on February 3. It was for the purpose of procuring funds for the founding of a room in the hospital for graduate nurses. The dance was in charge of a committee of which Miss E. C. Hess was chairman.

THE ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL OF THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, at its December meeting, passed a motion to endow a cottage for the use of nurses suffering with tuberculosis at Dewitt Camp, Allenwood, Pa. As it has been the custom of the Association to give a dance each year, this year's will be given with the view of raising money for the cottage fund and the committee is working to make the affair a financial success.

THE ALUMNAE ASSOCIATION OF THE PROTESTANT EPISCOPAL HOSPITAL held its regular meeting on January 6, in the nurses' home with 30 members present. It was decided that active measures should be taken to increase subscriptions to THE AMERICAN JOURNAL OF NURSING among the members and to look after the needs of an unfortunate sister nurse. After routine business, the Association assembled in the new lecture room to hear Dr. N. S. Rothchild give an interesting address on Twilight Sleep. He was ready to answer satisfactorily the numerous questions asked. The senior class, and six visiting nurses were present.

NETTIE M. GABLE has resigned her position as superintendent of Chambersburg Hospital and is taking a needed rest. Elizabeth Rhoades has returned from a position in Pittsburgh to do private duty in Philadelphia.

**Harrisburg.**—THE ALUMNAE ASSOCIATION OF THE HARRISBURG HOSPITAL held its monthly meeting on February 4 with 16 nurses in attendance. After the business session a progressive card party was given. The officers of the Association are greatly pleased with the interest manifested by the nurses.

**Dixmont.**—The nurses of Dixmont State Hospital gave a party and dance on January 28 for the affiliating nurses who left for Gouverneur Hospital, New York, on January 30, to commence their nine months' course. The Freshmen acted as ushers.

**York.**—THE NURSES ALUMNAE ASSOCIATION OF THE YORK HOSPITAL held its monthly meeting in the parlors of the nurses' home, on January 16, with a full attendance. Ethel Cox of Harrisburg, class of 1913, Bayonne Hospital and Dispensary, Bayonne, N. J., has accepted the position of head nurse of one of the wards of the York Hospital.

**Pittsburgh.**—THE ALUMNAE ASSOCIATION OF THE PITTSBURGH TRAINING SCHOOL FOR NURSES, at a recent meeting, elected the following officers: president, Edith B. Burdette; vice-presidents, Ella Harrah and Lyda Hupp; secretary, Mrs. Caroline H. Metcalf; treasurer, Alice K. Griswold. The Association held the regular meeting at the dormitory on February 4. Before the business meeting Dr. F. V. Woolridge, gave a talk on Twilight Sleep to the Alumnae and pupil nurses, giving a minute description of the treatment. He warned the nurses that the hospital was the only safe place in which to use Twilight Sleep and advised them against ever taking a case in the home. Miss Griswold, treasurer of the Graduate Nurses' Fund for Red Cross work, reported \$261.30 received, \$235 having been spent for anesthetics and the balance for material for dressings. Part of the dressings were made up by the boys of Carnegie Technical School under the direction of Mrs. C. W. Heppenstall, a member of the Association. Edith B. Burdette, president of the Association has accepted a position as superintendent of a training school in Philadelphia. Miss Burdette was enthusiastic and tireless in her work for the Association and her departure will be regretted. She has had charge of the operating room in the Hospital since her graduation.

**Altoona.**—THE ALUMNAE ASSOCIATION OF THE ALTOONA HOSPITAL held the monthly meeting at the nurses' home recently. The business meeting was interesting and arrangements were made for the mid-winter dance. Ann C. Wray resigned her position as superintendent of the Altoona Hospital on January 1. She is succeeded by Miss C. F. Sollenberg of the Woman's Hospital, Philadelphia.

#### WEST VIRGINIA

**Charleston.**—THE KANAWHA COUNTY NURSES' ASSOCIATION met at the home of Miss Reid on January 13, with a very good attendance of members and two visitors. Miss Bessler read a report from the Anti-Tuberculosis Society in regard to the selling of Red Cross seals. Thirty-five nurses, six of whom were married, assisted in selling the seals at various stations in the city. Their efforts were rewarded by a collection of \$112, which was added to the fund so much needed. Money was voted to buy eiderdown to make twelve jackets and six pairs of bed slippers for the Red Cross nurses in the War Zone. At a former meeting Miss Smith reported buying nine night-shirts for the Anti-Tuberculosis League, besides which \$5.00 was paid to the Fannie McEvoy fund.

#### WISCONSIN

**Milwaukee.**—THE MILWAUKEE COUNTY NURSES' ASSOCIATION held its regular meeting on January 12 at Gimbel's Tea Room. About thirty members were present and a large number of visitors. Rev. Mr. Dorward gave a very interesting talk on the Golden Key to Success. A business meeting completed the program.

**Oshkosh.**—Agnes E. Bill has accepted the position of visiting nurse of the city. Miss Bill is a graduate of the St. Francis Training School, La Crosse. Mamie Peterson of La Crosse resigned on account of over-work.

## STATE BOARD EXAMINATION

*Ethics.*—1. What do you understand by the term, "Ethics of a nurse?" 2. What does the state hope to gain because of state registration of nurses? 3. What changes should be brought about in the training schools for nurses because of the law in regard to registration? 4. What are the provisions under the law, whereby a certificate of registration may be annulled? 5. Why do you wish to obtain a certificate of registration? 6. What is the duty of a nurse in regard to her patient's personal and family affairs? 7. Define the duties of a nurse toward physicians? 8. How may a nurse do much harm toward the profession of nursing? 9. What should be the attitude of a nurse toward hospitals? 10. Give reasons why nurses should not wear their uniforms on the street or in public places.

*Hygiene and Sanitation.*—1. What are conditions, necessary to health, about which a city should be responsible? 2. Why should impure milk not be sold? 3. Why is the quarantine of contagious diseases a necessary requirement of public health? 4. Name agencies that are carriers of diseases. 5. What are nature's best common destroyers of disease germs? 6. Why should excreta and garbage be destroyed daily? 7. What has been accomplished by vaccination in prevention of disease? 8. Name personal conditions the tendency of which are to undermine health? 9. How early should food habits begin and why? 10. What is a nurse's responsibility in regard to the health of the public?

*Materia Medica.*—1. Give the apothecaries liquid measure in common use in giving of medicines. 2. If you have cocaine 4 per cent and the physician wishes 1 per cent, how do you prepare the solution? 3. Give the meaning of the following terms: qs; aa; qid; m; t.i.d. 4. Tell how to prepare the following; sat. sol. boracic acid; alcohol 25 per cent; tincture of iodine as commonly used for wound irrigation. 5. Name five drugs that, if given in overdose, are very poisonous. 6. Name three heart stimulants, giving dose of each. 7. Give common dose of atropine and chloral hydrate. 8. Give the effects of morphine, and state your attitude in regard to giving it without strict orders from a physician. 9. How are the following usually given: salol, quinine and phenacetine. Tell why they are given so. 10. What is the action of a diuretic? Give two examples. What is the difference between a cathartic and a laxative? Name four cathartics and laxatives with doses.

*Sick Children (non-contagious).*—1. How would you take the temperature of a sick child? Why? 2. What is the characteristic cry of ear-ache; croup; pain in chest; weakness, and of colic? 3. What are the most frequent causes for sudden rise of temperature with children? 4. Describe the stool of a baby suffering from very severe indigestion. 5. What observations in regard to a child would lead you to immediately call a physician? 6. Define the term malnutrition. 7. What are the very important points to be observed in caring for a child with tendency toward marasmus? 8. How would you give an enema to a baby? 9. Tell how to prepare albumin water, barley water, and beef juice. 10. How do you care for eyes of the new born child? What is the cause of a large per cent of blindness.

*Infectious and Contagious Diseases.*—1. Tell what you know about typhoid fever. 2. What are the grave complications of typhoid fever? 3. Indicate general orders of daily care of a typhoid patient. 4. Tell how to disinfect stools and urine of typhoid fever patient. 5. What are the most important factors in regard to the care of tuberculosis patients in behalf of the patients? 6. What

are the most important factors in regard to the care of tuberculosis patients in behalf of the public? 7. Define desquamation. What protection is due the public as long as it lasts? 8. What effect has diphtheria on the heart? 9. Give nurse's care of a patient after tracheotomy operation. 10. Tell how a nurse should disinfect herself and her clothing before leaving a contagious case.

*Gynecology.*—1. What are the most frequent causes for gynecological operations. 2. How should the nurse prepare the patient for a vaginal examination? 3. State the functions of each of the pelvic organs. 4. Define hysterectomy, perineorrhaphy, and salpingectomy. 5. What frequently causes prolapse or retroversion of the uterus? 6. Should a nurse ever give an intra-uterine douche? What is a tampon? 7. What instruments does a physician usually need when giving a vaginal examination of uterus? 8. What is the Trendelenburg position? 9. What is your attitude in regard to catheterization? Tell in detail how you catheterize a woman. 10. Tell how to give a vesical douche?

*Urine and Urinalysis.*—1. Name the urinary organs. State the functions of each. 2. What is the understood order in regard to urine with all new patients? 3. When a single specimen is taken for examination, what part of day should it, if possible, be procured? Why? 4. Upon what points is report made in regard to urine? 5. What properties in urine indicate the need of medical attention? 6. Tell how to collect a twenty-four-hour specimen of urine? 7. Give two tests for albumin. 8. Why is it necessary to examine urine both before and after an operation? 9. Name two important causes for the suppression of urine. 10. Name six general symptoms of patient, which would lead you to make a very careful record in regard to urine?

*Surgery.*—1. Tell how to cleanse the hands so as to perform duties where absolute asepsis is desired. 2. Why are rubber gloves commonly used in all surgical work? 3. Name five of the greatest sources of infection in surgical work. 4. What are the most common sutures used? 5. How are abdominal dressings applied after an operation? 6. What do we mean by sterilization? Give two ways by which this may be obtained. 7. State all the articles necessary for anesthesia. 8. What are the complications which may directly follow an operation? 9. What are the symptoms of shock? 10. Tell how to give normal salt solution per rectum, slow method.

*General Nursing.*—1. If asked to give a colonic flushing how would you proceed? 2. Explain in detail preparation necessary for gastric lavage. 3, 4 and 5. Make out clinical chart for twenty-four hours, for an imaginary pneumonia patient, who is very ill, including all care, diet, treatment, symptoms and medicines given. 6. What would you do if your patient were having a severe chill? Why is a chill a grave indication? 7. What conditions in regard to mouth and tongue should be reported to a physician? In what diseases should a nurse give special attention to the mouth? 8. What may a nurse do to quiet delirium? 9. What is a common formula for a glycerine, turpentine, and epsom salt enema? 10. Tell your management of ice compresses for an eye.

*Dietetics.*—1. Name some of the important factors that especially affect the digestion. 2. How would you give nutrient enemata? 3. If a child vomits curds of milk, what are a nurse's duties at once? 4. What food contains all the elements necessary for the maintenance of life? 5. Give general rules for feeding the sick. 6. Where does food absorption take place mostly? 7. Give some general rules for preparing meats. 8. What are the most important animal fats? 9. Give diet in habitual constipation. 10. Is diet in diabetes mellitus of primary importance?

*Anatomy and Physiology.*—1. Define the words anatomy and physiology. 2. What organs are in the thoracic cavity? 3. What organs are in the abdominal cavity? 4. What is the use of joints? 5. Name the kinds of joints, giving examples of each. 6. Describe the stomach. 7. What digestive juice is found in the stomach? What is the action of the saliva? 8. State four ways by which waste substances are eliminated from the body. 9. What is meant by voluntary muscles? What is meant by involuntary muscles? Give examples. 10. Where is the blood purified in the body? Give briefly the plan of the circulatory system beginning with the heart.

*Obstetrics.*—1. Give preparation necessary for an obstetrical case in a private home. (The Sisters may give preparation necessary in a hospital). 2. Give important daily care for the first ten days, excluding diet. 3. What facts in regard to lochia would you report to a physician? How do you care for the external parts? 4. Why does a physician always wish to examine the placenta? 5. What symptoms, aside from seeing the flow, would lead you to fear post-partum hemorrhage? 6. What would you do in case of post-partum hemorrhage, if the physician were not present? 7. What is puerperal fever? Give causes. 8. What is your care of nipples? Do you use a binder for engorged breasts? If so, how do you apply it? 9. What special care should be given a premature baby? How might such a baby have to be fed? 10. Give reasons for a baby's cry which may be largely eliminated by a good nurse.

#### BIRTHS

On December 4, at Whittier, California, a daughter, Helen Abigail, to Mr. and Mrs. Eugene R. Harris. Mrs. Harris was Carol Johnson, class of 1912, State University Hospital, Iowa City, Iowa.

On January 14, at Grimes, Iowa, a son, to Mr. and Mrs. Ray Findley. Mrs. Findley was Effie Wood, class of 1907, Iowa Methodist Hospital Training School, Des Moines.

On December 19, at Leavenworth, Kansas, a son, to Mr. and Mrs. J. Malone. Mrs. Malone was Mabel Scott, class of 1907, General Hospital, Kansas City, Missouri.

On December 19, at Reedville, Virginia, a son, to Mr. and Mrs. W. C. Blackwell. Mrs. Blackwell was Lucy Barber, class of 1910, University of Maryland Hospital, Baltimore, Maryland.

Recently, at Boston, Massachusetts, a son, to Mr. and Mrs. Stanley Blood. Mrs. Blood was Lala Munder, class of 1904, University of Maryland, Baltimore.

On February 7, a son, to Mr. and Mrs. T. Reese Cornelius. Mrs. Cornelius was Maud Smith, class of 1908, University of Maryland Hospital, Baltimore, Maryland.

On January 13, at Guild, New Hampshire, a daughter, to Mr. and Mrs. George Dorr. Mrs. Dorr was Helen R. Neal, graduate of the Massachusetts General Hospital.

On December 26, a daughter, to Dr. and Mrs. J. V. Guyton. Mrs. Guyton was Mary E. Gotham, class of 1905, St. Joseph's Hospital, Philadelphia.

On January 8, at Montgomery, Alabama, a daughter, to Mr. and Mrs. Grover Keyton. Mrs. Keyton was Lucile Bush of Watkins Infirmary, Montgomery.

On January 15, a daughter to Dr. and Mrs. Henry Graber. Mrs. Graber was Arvilla Whiteman, class of 1908, Presbyterian Hospital, Philadelphia.



## MARRIAGES

On January 7, in Ireland, Anna Zita Lynn, class of 1911, St. Francis Hospital Training School, Hartford, Connecticut, to Michael F. Kelly. Mr. and Mrs. Kelly will live in Ballycastle, Mayo, Ireland.

On December 3, Florence I. Dilworth, class of 1904, University of Maryland Hospital Training School, Baltimore, Maryland to William M. Porter.

On January 20, Vera Wright, class of 1909, University of Maryland Training School, Baltimore, Maryland, to Wilbur Scott, M.D., Dr. and Mrs. Scott will live in Devereaux, Georgia.

On January 23, Margaret E. Lawrence, class of 1906, University Hospital Training School, Baltimore, Maryland, to Sam W. Moore, D.D.S. Dr. and Mrs. Moore will live in Baltimore.

Recently, in Washington, D. C., Dora I. Brosene, class of 1905, University Hospital Training School, Baltimore, to Mr. Oliver.

On December 16, Jane Irene Beck, class of 1911, Protestant Episcopal Hospital, Philadelphia, to Alvin L. Case.

Recently, Miss Parkinson, class of 1911, Hope Hospital Training School, Fort Wayne, Ind., to Frederick Blue. Mr. and Mrs. Blue will live in Toxin, Indiana.

On December 24, Helen Minnich, class of 1914, Grant Hospital, Columbus, Ohio, to Judson Martt.

Recently, Selma Oppenheimer, class of 1908, Maryland General Hospital, Baltimore, Maryland, to Joseph Wenk. Mr. and Mrs. Wenk will live in Cleveland, Ohio.

On February 23, at Kansas City, Missouri, Lillian V. Townsend, class of 1911, St. Luke's Hospital, Kansas City, to Harry Felt Mather. M.D. Dr. and Mrs. Mather will live in Kansas City.

On January 20, Margaret Harpel, class of 1910, Protestant Episcopal Hospital, Philadelphia, to Harvey M. Freed. Mr. and Mrs. Freed will live in Richlandtown, Pennsylvania.

On January 21, Emma C. Peschke, graduate of Rebekah Hospital, St. Louis, to James G. Hunt.

On December 28, Bessie Grant, graduate of Rebekah Hospital, St. Louis, to William McCluskey.

On January 20, Anna Schulz, class of 1909, Mercy Hospital Training School, Davenport, Iowa, to Thomas Dugan, Muscatine, Iowa. Mr. and Mrs. Dugan will live in Muscatine.

On December 25, at Burlington, Ontario, Canada, Elizabeth Rice, Mercy Hospital Training School, Centerville, Iowa, to Coe Lafferty. Mr. and Mrs. Lafferty will live in Promise City, Iowa.

In October, at Philadelphia, Kathryn Regina Flynn, class of 1906, Hahnemann Hospital, Philadelphia, to J. A. Paterson. Mr. and Mrs. Paterson will live in Philadelphia.

## DEATHS

On December 18, at Kansas City, Missouri, Mrs. Kathryn Wilson, of typhoid fever. Mrs. Wilson was Kathryn McCracken, class of 1906, University of Michigan Hospital, Ann Arbor, Michigan.

On January 20, after a short illness, Beatrice Rash, class of 1911, Hahnemann Hospital Training School, Philadelphia.

In December, in Canada, Anna L. Hanley, class of 1904, Worcester City Hospital Training School, Worcester, Massachusetts. Miss Hanley had devoted the last five years to missionary work for the Cree Indians.

Recently, at Mashoba, India, of pneumonia, Dr. Martha M. Smith, class of 1891, Rhode Island Hospital, and graduate of Toronto University Medical School. After finishing her training in nursing, Dr. Smith entered Toronto University to fit herself for medical missionary work. Her studies being completed she went to India where she had spent the greater part of her life in the mission field. Three years ago she was at home on furlough and spent some time traveling and speaking in the interest of foreign missions. Her work as a missionary is commended very highly. She was a woman of fine character and will be greatly missed.

On January 21, at Mercy Hospital, Baltimore Maryland, after a lingering illness, D. Virginia Hilker, class of 1913, Mercy Hospital. Her alumnae association passed resolutions upon her death, a copy of which was framed and hung with her picture in the Club House.

On January 4, at Mount Holly Hospital, Mount Holly, New Jersey, after undergoing a serious operation, Emma Steelman, class of 1892, Cooper Hospital, Camden, New Jersey. Miss Steelman was at one time head operating room nurse and then night supervisor at the Cooper Hospital. For eight years prior to her death she was visiting nurse at Mount Holly where she was much beloved and highly esteemed for her ability and kindness. She was a worthy, intelligent member of her profession, faithful and attentive to her duties at all times and in all places. Her death is a great loss, for she was a friend to all.

On January 24, at St. Luke's Hospital, Chicago, Illinois, Margaret Edith Johnstone, directress of nurses of St. Luke's Training School. Miss Johnstone had been associated with the school for the past twenty-three years, having served as surgical nurse and night superintendent before being appointed directress, twelve years ago. At the funeral services held at Grace Church people from the highest and lowest walks in life came together to do her honor and all were visibly moved. Eighty of the pupil nurses from the school, dressed in uniform, followed the choir in the funeral procession and stood facing each other in two long rows as the casket was borne through their ranks. Miss Johnstone was dressed in her uniform for burial and during the days preceding the services she lay first in her own room, then in the chapel, where different groups of nurses took turns in staying beside her and where the school's regular morning service was held, as usual. All who knew her felt that they had lost a personal friend. Her wonderful executive ability and absolute unselfishness, gave her a strong hold on all with whom she came in contact. A nurse not of her own school said of her: "She made us all feel proud to be nurses and women too. St. Luke's nurses . . . must carry on for us the torch Miss Johnstone carried so well. We can never afford to let the younger generation lose the spirit of service and faithfulness which has been characteristic of Miss Johnstone and her school for so long."

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

URINARY DISEASES. By Stephen H. Blodgett, M.D. Whitcomb and Barrows, Boston. Price \$1.

Nurses who, after all, are merely human, need stimulation and encouragement once in a while and the physician who wants to get full measure of service and loyalty from his nurses does well to recognize the fact that the success of his treatment depends on the character and capability of the nurse who carries out his orders. If a nurse is worth her salt, she will not allow herself to feel flattered by any division of credit that the physician may decree. She will feel far more her responsibility and increase her vigilance proportionately. It would seem that Dr. Blodgett in his book had taken due cognizance of these facts and was ready to allow all credit to the value of the nursing in that branch of which he writes. He goes further and places a tremendous responsibility upon the nurse, demanding of her the most minute and constant observation, the utmost exactness of record. These are no new features in a well trained nurse, but it is well to keep the articles of our creed well in mind and to see to it that they are kept in practice. Chronic cases, which are apt to be looked upon with disfavor by nurses, will be found to furnish interest enough if they are followed as Dr. Blodgett outlines.

The first part of the book is a practical guide for the observation and clinical testing of the urine in those diseases where it becomes changed from the normal. There follows the care of the patients, which is largely preventive, and makes no small demands on the fidelity and vigilance of the nurse. Lastly there is the provision for the special diet required in such cases, where again the nurse is warned that perfunctory routine, the letter without the spirit, will work no cure. The nurse must be constantly on the alert to find appetising and nourishing food within the restricted limits; the weight of the body must be maintained exactly; and above all the functioning of the kidneys must be kept as near to normal as may be. The nurse who makes a success of this kind of work has no need to envy her contemporaries who are doing big things in the Red Cross or any other adventurous field.

**MASSAGE.** By Max Bohm, M.D., Berlin, Germany, and Charles F. Painter, M.D., Professor of Orthopedic Surgery, Tufts College Medical School, Boston. W. B. Saunders Company, Philadelphia and London. Price \$1.75.

This book deals rather with the technic of massage than with its place in the treatment of disease. It is admirably arranged and profusely illustrated, the movements of the operator and the direction of the various strokes, etc., being indicated by arrows thus allowing of no room for mistake.

The text is by Dr. Bohm and is edited by Dr. Painter. It closely follows the methods used in the world famous Hoffa's Clinic in Germany.

**PRACTICAL BANDAGING INCLUDING ADHESIVE AND PLASTER-OF-PARIS DRESSINGS.** By Eldredge L. Eliason, A.B., M.D., Assistant Instructor of Surgery in the University of Pennsylvania Medical School; Assistant Surgeon University of Pennsylvania Hospital; Assistant Surgeon Howard Hospital; Member of the College of Physicians, Philadelphia. 155 Original Drawings and Photographs. J. B. Lippincott Company, Philadelphia and London. Price \$1.50.

War times bring into prominence the bandage and since this season knitting and bandage-making have about evenly divided honors, as popular fancy work, Dr. Eliason would seem to have chosen the psychological moment for the production of his book on bandaging. It includes all the classic bandages and many modifications; some of which are original and have been evolved from models which had called for improvements. The illustrations are almost sufficient without the text, so carefully are they made. It only needs that the student or nurse keep to the text and drawings to become perfect in the art of bandaging.

**CHEMISTRY AND TOXICOLOGY FOR NURSES.** By Philip Asher, Ph.G., M.D., Dean and Professor of Chemistry at the New Orleans College of Pharmacy, New Orleans. W. B. Saunders Company, Philadelphia and London. Price \$1.25.

Divided into three parts: I, Non-Metallic and Metallic Elements; II, Chemistry of Carbon and its Compounds; III, Physiologic Chemistry, this book will be found of great practical value to the student of elementary chemistry. It is limited to the needs of nurses and a particular amount of attention is given to the dosage of such substances as are used in medicine and to the antidotes for poisonous substances, giving in these latter a short but exact outline of treatment.

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